1	1	FOR			DEBARTS		OF MARYLAND	TEMP.			
19	1.	STATE REGISTRAR			DEPAKI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	70	9-064	177
		CEASED NAME	FIRST	- /	MIODLE	L	AST		нтиом	DAY YEAR	2b. HOUR
poge 3.	1		Arah		L.	1	1 mddox		3-	4-79	6211 N
4	3. SE	×	4.1	RACE B		S. DATE C		6 AGE IN YEARS LAST BIRTH	YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
thre 72 hours of ot once		RTHPLACE (STATE OR FOR OUNTRY)	EIGN 7b	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	□ NEVER MARRIED □	BALTIMORE CITY OF	COUNT	y OF DEATH	tv
a di A		VA.			. A .	WIDOWE		7/	Ve-	and	M
filed will	10 C	Balto			H FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF Ret.		FE) INDUSTRY	F BUSINESS OR
c o o	USU 13n	AL RESIDENCE (IF NURSIN		HER INSTITUTION		AOMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
filled bould b		Md.	30 COOM		Balto.	N	YES NO [nsFa	lls Pk	wv.
2 sh	14. F	THER'S NAME					15. MOTHER'S MAIDEN NA	ME	2 107 2		
ond		James C	arter	-	resham		Mary	MIDDLE		Philli	ุกร
-	16a \	VAS DECEASED EVER IN	U.S. ARME	D FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
s. Poges medico	(YES, NO OR UNKNOWN)) IF YES, GIVE WA	AR OR DATES)	227-05	-5948	Mrs. Sador	ra Lewis 7	50 R		
on popers. emoval. event, the		18 CAUSE OF DEATH	(Enter only o	one couse per	line for (a), (b), and	dicti				BETWEEN	MATE INTERVAL ONSET AND DEATH
arbon pop ar remova or remova		PART I. DEATH WA	MMEDIATE C		Cerebia	1 AA	gsculm Accid	ent			
A -		2300		DUE TO, O	R AS A CONSEQUE	NCE OF				18.3.1	
nove carb lation, ar troumotic		Conditions, if ony,		(b)	Dishely	mell	lu				
		gave rise to imme		DUE TO O	R AS A CONSEQUE	NCE OF		2.015.02	1709		
oth oth		underlying couse	last	(c)	X AS A CONSEQUE	INCE OF					
-		PART 2 OTHER SIGNI	FICANT CON	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIV	VEN IN PART 110	1)
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ony i	A	190 DATE OF OPERATION	ON	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
ene ene	Ĕ							YES NOT		FYING CAUSES	NO T
Hyg.	CERTIFICATION	21a. ACCIDENT WAS UNDER		21b. TIME O		VEAS	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	IN ITEM 18, 1	PART 1 OR PART 2)	
tental 1		OR CONTRIBUTING CA		HOUR A.	m. Month Di M	AY YEAR					
₹ ½	MEDICAL	21d. INJURY OCCURRE		21e. PLACE	OF INJURY		211. LOCATION	CONTRACTOR OF THE SECOND		COV.	
kedo	¥	WHILE NOT WHILE	LE 🗌	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOW	N	COUNTY	STATE
mor		22a.1 certify that (I) (1		attended th	e deceased from_		. 19	, to		19	that (I) (we) last
21 is		sow the deceased	olive on		19	, on	d that in (my) (aur) opinian a	death accurred an the da	te and hou	ur and fram the	couses stated
e b		obave, (I) (we) (did 22b. SIGNATURE	a) (did not) v	lew the body	offer death.		DEGREE		1-0-1	22c. DATE	SIGNED
e De		Town	- 8	Ferm	ame		ATTENDING PHYSICIAN	MEDICAL STAF	F ANI CTI	3-4	-79
TANT: If It	1	274 PHYSICIAN STIAN	ME LTYPE OR PRI	INTI	\(\) \\ \		22e. ADDRESS	- LI A	ANLY	1	
with the State D		LAnny.	. //		10		fodiset	Huprepl			
ods M	23a.	BURIAL, CREMATION, R	EMOVAL :	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
		Buria		3-10-	79 Su	nny A	Acres Cemet	· West Poi	nt		VA.
M7/77		UNERAL DIRECTOR		×0.00	AOORESS	TO		E REC'D. BY REGISTRAR	Sh. REGIS	TRAR'S SIGNAT	URE
4))	Sa	umuel T. R	edd	5209	York Rd.	Bal	to., Md.MAR	9 1979	triff	my mense	7
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-16474 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN TYPE OR PRINT ESTI-79 DEATH MATED VIKTOR MAKKO 4 RACE 6. AGE (IN YEARS YEAR DATE OF BIRTH 2 AQU 4 IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male White 18 67 YPS 10 79 Nov. 22, 1911 DEAD 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Estonia U.S.A. Baltimore City WIDOWED DIVORCED ID CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS FOR MOST OF WORKING LIFE! Retired 230 S. Broadway Seaman Baltimore 13a STATE 113b. COUNTY Baltimore 13d. INSIDE CITY LIMITS? 230 S. Broadway Maryland YES X NO [VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST AND 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO. ADDRESS 116 Maybin Circle 1139-20-1573 Isabel B. Nunez No 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL YES NO X BE 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME If LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 217 Inspection X 22a. I certify that I took charge of the remains described above, held on Autopsy Inquiry deoth resulted from: Natural causes K Accident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL .. Assistant 3/19/79 SIGNATURE MEDICAL EXAMINER Virginia L. Dolan, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL CREMATION REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Baltimore County, Maryland Burial 3-21-1979 Oak Lawn 24 FUNERAL DIRECTOR **DHMH-17** & Zeiler Inc. 1901-07 Eastern Avenue (VR A15 ME (5)) 30M 7/73

10-66,24 A CONTRACT OF THE PROPERTY OF FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

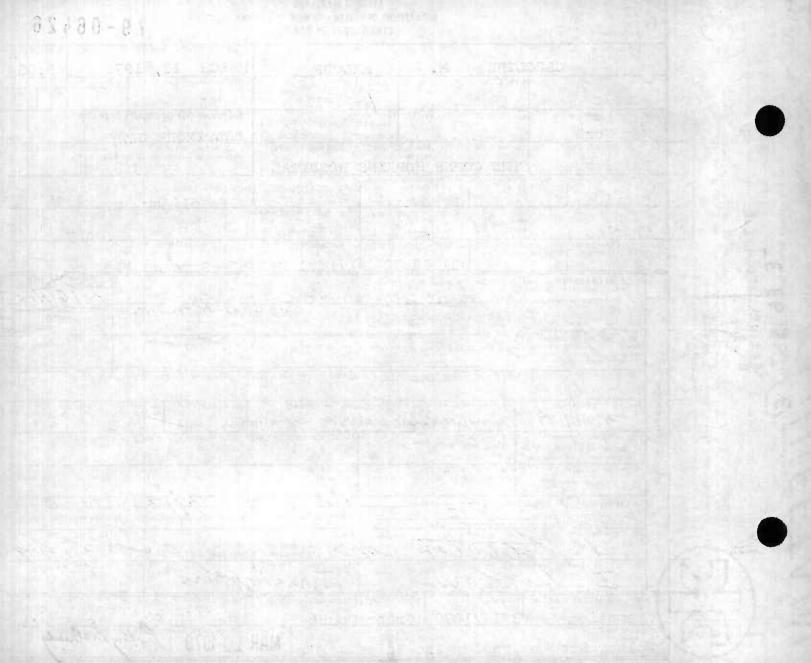
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1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	19-1	וי ט ט	23
	CEASED NAME FIRST	MIDDLE		AST		MONTH DAY		Th HOUR
(ITP	FRANCE	ES E	MALAN	OWSKI		3 3	79	5:20 PM
3. SE		4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDE		IF UNDER 24 HRS HOURS MIN
	FEMALE	Whit	E	29-07	76	YRS MONIHS	DATS	HOURS MIN
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY O		ATH	
	ma.	11.5.1	9 WIDOWE		Baltimor	e C'1	de	MD.
10. C	ITY OR TOWN OF DEATH		PITAL, NURSING HOME C		120 USUAL OCCUPATION OF WORK FOR MOST O	ON 12b.	KÍND OF USTRY	BUSINESS OR
	Baltimore /	Union I	RITY, GIVE STREET APORESS)	pital	SEAF EN	2904 6	RME	RIES
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14 F	ATHER'S NAME		Omno.	15. MOTHER'S MAIDEN NAM	AE	JF JOICE	4///	16-
		SHOP	MOSKI	ANTOINE	FITE MIDDLE	SH	DOLL	DSKI
	WAS DECEASED EVER IN U.S. AR (YES, NO DR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b.	SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	55 507	HAM	1010
	NO	2,	3-30-1801	SANTOWELL	IE / FIUIE	U 191	NE	
	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line		0000.0			ETWEEN OF	ATE INTERVAL
10		TE CAUSE (0)	AM NEGATI	VE SEPSIS			~ /	Neek
119	0384	DUE TO, OR AS	A CONSEQUENCE OF					
W	Conditions, if ony, which gove rise to immediate	(b)					-	
	couse (0), stating the underlying couse lost	DUE TO, OR AS	A CONSEQUENCE OF					
		(c)					DADY 14	
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTI	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PARI IIO	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION	N FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE		
FF	Problem Street				YES NO	IN CERTIFYING (CAUSES	OF DEATH?
CERT	210 ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR			PART 2)	
	OR CONTRIBUTING CAUSE OF DE	AIR	MONTH DAY YEAR					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF II	NJURY	211 LOCATION	CITY OR TOV	VN 601	YINI	STATE
Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, F	ACTORY, OFFICE, FARM, ETC.)	SIRELI	1		,,,,,,	SIAIE
	220 I certify that (I) (this hosp	ital) attended the de	ceosed from	28 19 79	_, to33	, 19		hot (I) (we) lost
	sow the deceased alive on above, (I) (we) (did) (did no		19_79_o	nd that in (my) (our) opinion o	death occurred on the d	ote and hour and f	rom the c	ouses stated
	22h SIGNATURE	6.10	+ 112	DEGREE			C. DATE S	IGNED
	Jemes D.	Sallar	J M.D.	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		3/3	179
	228. PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e. ADDRESS				
		US COLL - M						
230	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	,	STATE
	~ BURIAN	13-8-1	7 HOLVI	MEHRY	Brink			IXL
24.	UNERAL DIRECTOR	1-00	AODRESS	1 11 11.	REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATU	RE
	1 Mm 2000/11	ekin V.	1/01 5/36	IN STATE	R & 1070	ALUKA	17000	2500 day

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

19-06125 TOWN SHOWERS IN THE DUTY TO SHOW THE The Design of the Collection o THE REAL STROPP SHEW SHOWS BELL BESTER Here were the second of the se

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06426 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME MIDDLE EAST 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) CAROLINE MARCH 13 1979 M. MALOOF 4 RACE 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR HOURS Female White 8/26/1913 7 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY New York U.S.A. WIDOWED DIVORCED [BALTIMORE CITY IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore JOHNS HOPKINS HOSPITAL THE DIVISION OF VITAL RECORDS, 20 F W. PRESTON 617 BALLIMORE, MARYLAND 21201 HOUSEWIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
131 COUNTY
1131 CITY OR TOWN 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 33461 Florida Lakeworth 39 Holiday Dr 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Charles Agnes Dalv Watson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) No .7281 18 Daniel Maloof--Same as 13e APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY ~16 H IMMEDIATE CAUSE (0) FECENTLY COTPECTED MITML +TMUSMO VALVELAN INSUFFICIENO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF WE TOWN underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? MITML-TMUSAD VALVUMT INSHALLEY Hygi 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK 22a.1 certify that Withis hospital) attended the deceased from DIRECTOR sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after de TO FUNERAL DIREC should be detoched with the State Dept. 711 SIGNATURE DEGREE 27s. DATE SIGNED + MEDICAL DIRECTOR PHYSICIAN MPORTANT: PHYSICIAN 274 PHYSICIAN'S NAME (TYPE BEPRINT) 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN COUNTY STATE Baltimore Md. BP Cremation Green Mount 24 FUNERAL DIRECTOR 25a, DATE REC'D. BY REGISTRAR 25h BEGISTRAR'S DHMH - 16 50M 7/77 (VRA 15 (4)) Walter Brooks Bradley Inc Balto.,



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STATE OF MARYLAND

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TELLS T. CHAIN 4517 PAIK HEIGHE VEHILE (10.0) IT.

Leonard J. Ruck, Inc., 5305 Harford Rd.

- STATE

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The Paris of the P M. salte comments 566-18-1506 Photon Lue I Dyni cod, 2: Cl Vorings

	1-	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	GIENE Reg.	7 9 No.	-06	430
	(TYPE	CEASED NAME OR PRINT)	IDA		BELLE		1ARKS	20 DATE OF DEATH	MONTH DA	70	3.20 AM
	3 SEX	F		RACE	WHITE	5. DATE O		6 AGE (IN YEARS LAST B	YRS. MC	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
3	Mc	0.0		U	WHAT COUNTR	MARRIE		BALT	MORE	CI	TY MD.
3	Bo	al residence (IFN	City.	South	Ball	EET ADDRESS)	General Keylal	TYPE OF WORK FOR MOST Housew:	OF WORKING LIFE)	126. KIND O INDUSTRY	OF BUSINESS OR
20	130. S Ma	ryland	136 COUNT	1	Baltin	NWN	13d. INSIDE CITY LIMITS? YES A NO		mbria S	Stree	t
00	J	Tohn Rest		DDLE	Ga bl		15. MOTHER'S MAIDEN NA Prince	WIDOLE		rrabe	i
/		VAS DECEASED EV (ES, NO OR UNKNOWN) NO	ER IN U.S. ARM		166 SOCIAL SE 173-38	-8132	Lucille M		same as		VE
	NOI	Conditions, if or gove rise to couse (a), stounderlying con	IMMEDIATE ny, which mmediate titing the use lost.	DUE TO, OF DUE TO, OF (b) DUE TO, OF	PL) R AS A CONSEC	DUENCE OF ML	ARY INFA	INFAR	EART	with	i Myo
1	CERTIFICATI	190 DATE OF OPE	RATION	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	200. AUTOPSY? YES NO		WERE FINDIN	NGS USED
/	MEDICAL CER	21g. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY ME	CAUSE OF DEATH	P./	M. MONTH M.	DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18, PAR	T 1 OR PART 2)	
	MED	AT WORK AT	WHILE WORK		EET, FACTORY, OFFIC		21f LOCATION STREET	CITY OR F	NWC	COUNTY	STATE
		22a.1 certify that sow the dece above, (1) (we 22b. SIGNATURE	(1) (this hospitol osed plive on) (did) (did not)	3- 3	19	79	nd that in (my) (our) opinion DEGREE M.D ATTENDING PHYSICIAN		AFF		
/		SIVAKO	NAME (TYPE OR P	ahan	Pathm	unather	300 Sout	th Baltimo	te ben	gral 1	Horfsild
	13	URIAL, CREMATIO Burial	N, REMOVAL	23b. DATE 3/5/1		eidle:	Sburg Cem	23d LOCATION CITY OR TOWN	The state of the s	Adam	Penna

DHMH - 16 50M 7/77 (VR A 15 (4))

Raymond C. Fink

Glen Burnie, Md.

3/5/1979

23d LOCATION
CITY OR TOWN
Heidlesburg Heidlesburg Cem. 250 PATE REC'D BY PEGISTRAR 11 4 CHANGE

Penna

3-06430	There's	TAXABLE NO.		
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Liberton B	lace ce exel			ings yes
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evor's an	alesa eleberate	at at their	1-3-58-6	

executed within 24 hours ofter death.

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	-		0	-		-	
REG NO	1	9	-	U	6	4	3	

REGISTRAR		CERTIFICATE OF DEA	ATH REG. NO.	19-00431
1 DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	ONTH DAY YEAR 26 HOUR
ELIZAZ	BETH L.	MARSHALL	3-28-	79
3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF UNDER 24 HR
FEMALE	BLACK	1-26-1	- 1 / 6	YRS MONTHS DATS HOURS MIT
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIED M NEVER MAR	9 BALTIMORE CITY OR	COUNTY OF DEATH
VA ·	U.S. A	. WIDOWED DIVO	RCED D CITY	
BALTO	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV 2452	JURSING HOME OR OTHER INSTITU E STREET ADDRESS) CULLO H ST.	TION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	
USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COUL	NTY 13c. CITY O	R TOWN 13d INSIDE CITY		LLLCOH ST.
14 FATHER'S NAME FIRST SAMUEL	MIDDLE	15. MOTHER'S M	AIDEN NAME MIDDLE	LAST
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIA E WAR OR DATES) 213-1	4-0823 Fdw. A	ADDRESS	SAME
	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTIN		THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(0)
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR V	vhich operation was perform		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR	Y OCCURRED (ENTER NATURE OF INJURY)	N ITEM 18, PART 1 OR PART 2)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		19, and that in (my) (ou		ond hour and from the couses stated
22b. SIGNATURE) Annt	In PHY	NDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIA	22c. DATE SIGNED
22d. PHYSICIAN'S NAME (TYPE O		220. ADDRESS 230	O GARRISON	BLVD 21216
230. BURIAL, CREMATION, REMOVAL	. 23b. DATE	23c. NAME OF CEMETERY OR CRE	MATORY 23d LOCATION	COUNTY STATE
BueiAl	14- 3 -79	ARBUTUS Mem	APK. BALT	0.0 M.
24. FUNERAL DIRECTOR	1348 CAL		APR 2 1979	BENJARS STOREDLY

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral disshauld be detached for use as the bunal-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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		GLIGHT CHEMOTH	

	1			STATE OF MARYLAND		
1	1	FOR STATE	DEPARTA	ENT OF HEALTH AND MENTAL HYG	IENE 7	0 06122
(WW)		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	9-00432
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
e pe		GEORGE		MARSHALL	3 3	25 79 11 PM
m d	3. SE	X 4	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 ectai	0	MAle	White	9 05 85	93 YRS.	MONTHS DAYS HOURS MIN
Po dir	7a. B	IRTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
deoth.		md.	U.S.A.	WIDOWED DIVORCED	BALTIMO	RE MD.
e w e	10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
by the	K	ALTIMORE //	11 11	PITAL of U.d. Inc	(TIPE OF WORK FOR MOST OF WORKING (E) IIADOSIKI
p se a	USU 130	AL RESIDENCE (IF NURSING HOME OR OT STATE . 1136 COUNTY		ADMISSION)	13e, STREET ADDRESS	
hin 24 h		Md. 19.1	1 /22	YES NO NO	7355 FURNACE	BR Rd 21061
1 22 1	14, F	ATHER'S NAME		15. MOTHER'S MAIDEN NAM		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	UNK.	DE LASI	UNK		LAST
5//-0-11		WAS DECEASED EVER IN U.S. ARME			ADDRESS	
Poges medico		YES, NO OK UNKNOWN)	21-2-16-	2080 Plaza Nano	OR N 11 4355 A	EURNALE Be. R
physician popers. p noval.		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and	(c).	- H 10001	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physic npope moval, the		PART I. DEATH WAS CAUSED E	100 1000	150 0 -	Elist	3days
oding carbo		411	DUE TO, OR AS A CONSEQUE	NCE OF		
ter eo		Conditions, if any, which	Cardio r	espiraturn Insu	fliciency	logrs
the of the or remove emati		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NICE OF		-
by see		underlying couse lost.	DOE TO, OR AS A CONSEQUE	vio eslevotri (marinearular	Disease dely
gned b n pleo buriol,		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART I(o)
The rain	NO NO					
ow remit.	CERTIFICATION	194 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
The le icion. If he le hos sist per regione shows	HE	1/29/77	GANGREN	Buth Leirs		ES NO
physicia physicia trificate trificate bl-tronsit fol Hygie m 18 sho	ä	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c. HOW INJURY OCCURR	RED JEHTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
SiCIA ng pla pland principle in the plant	18	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
5 AH Se	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	. 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
aften after th ss the h and	>	AT WORK NOT WHILE	(H) HOME, SINCE, FINCTON, OFFICE, III	in, i.e.,		JANE
ADIN S. Af		220.1 certify that (I) (this hospital		1 29 , 19 79	, to 3/25	19_77_, that (1) (we) lost
OR ATTEN ne hospital DIRECTOR: ached for us Dept of He		sow the deceased alive on obove, (I) (we) (did and) v	iew the body ofter death.	, and that in (my) (our) opinion of	death occurred on the date and ho	ur and from the couses stated
hospir hospir hospir hospir hospir hospir hed for hed for them 2 them 2		77% SIGNATURE	2.61 611	DEGREE		22L DATE SINNED
		an	all Tural	MAN ATTENDING	MEDICAL STAFF	3/26/79
T O H O S	1	22d. PHYSICIAN'S NAME (TYPE OR PR	INT)	W 22# ADDRESS	0	
0 - 0 + 0	1	12. O7 N	un T for	mp 2-500	Carrie	_ 21215
5 5 5 € ¥ ₹	23a.		23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP		BURIAL	3-27-79 M	IT. CALVARY Com	e BALTO.	ind
DHMH - 16 50M 7/77	24. F	UNERAL DIRECTOR	ADDRESS	250. DATE		FRAR'S MEDICALRE LES
(VR A 15 (4))	5	Amuel 1. Re	edd 5209	YORK Rd. MAR	2/19/9	7

STATE OF MARYLAND

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STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO 20. DATE OF DEATH MONTH DAY **YEAR** & AGE (IN YEARS LAST BIRTHDAY) WINDOWS LYEAR

MIDDLE DECEASED NAME FIRST (TYPE OR PRINT) 4 RACE DATE OF BIRTH MONTH DAY YEAR

ISTATE OR FOREIGN

MIDDLE &

18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c)

I (IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (0)

MARRIED NEVER MARRIED WIDOWED DIVORCED

120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

13e STREET ADDRESS NO [

17 INFORMANT

underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 steo arts

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

190 DATE OF OPERATION 71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

AT WORK

21d, INJURY OCCURRED

216. TIME OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

211 LOCATION

CITY OR TOWN

, that (I) (we) lost

220.1 certify that (1) (this hospital) attended the deceased from_ 2. sow the deceased alive as and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) |did after death. 22b. SIGNATURE DEGRE 22c. DATE SIGNED

22d PHYSICIAN'S NAME ETYPE OF PRINT

22e. ADDRESS 5400

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

230 BURJAL, CREMATION, REMOVAL 23b. DATE

23e NAME OF CEMETERY OR CREMATORY

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

UNERAL DIRECTOR

CERTIFICATION

MEDICAL

WHILE AT WORK

21e PLACE OF INJURY

3. SEX 70. BIRTAPLACE

136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY.

Conditions, if ony, which gove rise to immediate couse (o), stoting the

10 CITY OR TOWN OF DEATH

14. FATHER'S NAME

(YES, NO OR UNKNOWN)

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCH ACILITY, GIVE STREET ADDRESS)

16h SOCIAL SECURITY NO

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13d INSIDE CLEPTIMITS? YES Th

15 MOTHER'S MAIDEN NAME

BALTIMORE CITY OF COUNTY OF DEATH

APPROXIMATE INTERVAL

20a AUTOPSY? 206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

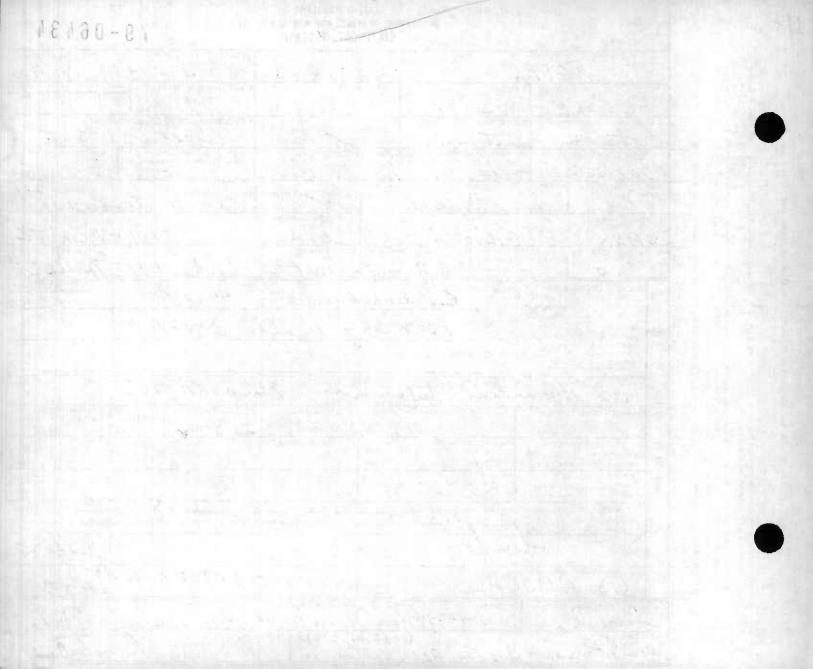
12b. KIND OF BUSINESS OR

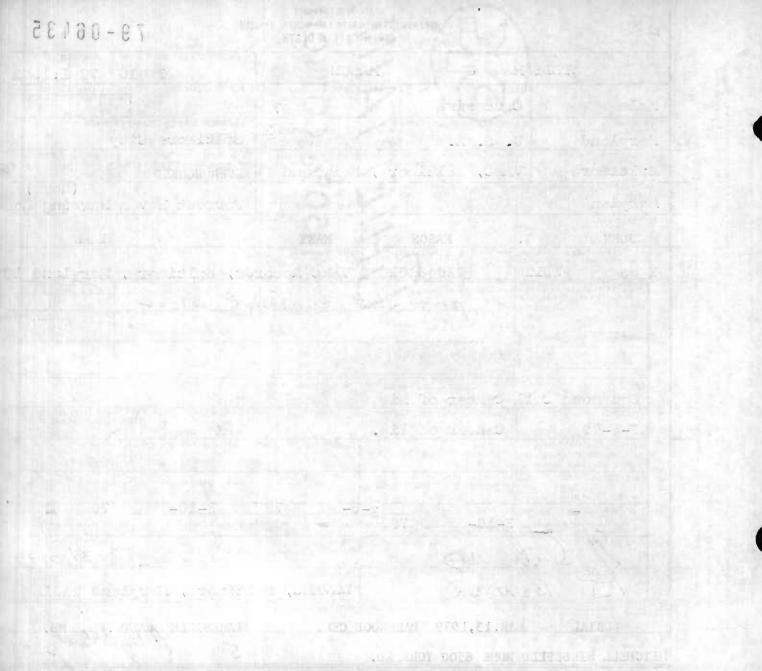
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NO T

-26.

STATE COUNTY





mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

r use as the buriol-transit permit. The Health and Mental Hygiene prior to morked or Item 18 shows ony

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-06436

CEASED NAME FIRST OR PRINT) BO do a	MIDDLE	IAST	REG. NO	
Badaa		67101	20 DATE OF DEATH	AONTH DAY YEAR 26, HOUR
	Mas	senbura		3 20 79 204P
4.1	RACE 5. DA	TE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
Male			.7	YRS. MONTHS DAYS HOURS MIN
	CITIZEN OF WHAT COUNTRY?	NIEVED MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
11 0.	1100		Baltim	ore City M
TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET AGORESS		12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	I 126. KIND OF BUSINESS OF
	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI	134. INSIDE CITY LIMITS?	130 STREET ADDRESS	ukeland St.
THER'S NAME	IBairo	0.0		ukelina Ji.
NIDE MIDE		FIRST	WIDDLE	LAST
			ADDRES	Jones
(IF YES, GIVE WA	AR OR DATES)			
		31		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT COM	(c)		INAL DISEASE OR COND	ITION GIVEN IN PART 1(a)
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		AR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	21f LOCATION STREET	CITY OR TOW	N COUNTY STATE
22a.1 certify that (I) (this hospital) sow the deceased alive an	3/20 19 77	ond that in (my) (our) opinion of	death occurred on the do	, 19 25 , that (I) (we) lo te and hour and from the causes stated
226. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c. DATE SIGNED
Holimore mp	The state of the s		J D HILL CON CO.	AIT
22d. PHYSICIAN'S NAME (TYPE OR PR Re Leves	RINT)	22e ADDRESS B con 6		AIL 3/ ///
O MIT CART IN CARE IN COLUMN TO THE CART IN	THER'S NAME AL RESIDENCE (IF NURSING HOME OR OT TATE THER'S NAME FIRST AND THER'S NAME AL PESTIDENCE (IF NURSING HOME OR OT TATE THER'S NAME FIRST AND THER'S NAME AL PESTIDENCE (IF NURSING HOME OR OT TATE TO STATE OF THE THE THE TATE TO STATE OF THE THE THE THE TATE TO STATE TO STATE THER'S NAME AND THER'S NAME IF YES, GIVE WE THERE THE THE THE THE THE THE TO ONLY THE	ANDRE STATE OR FOREIGN WITH CAYOLINA IT OR TOWN OF DEATH IT NAME OF HOSPITAL, NURSING HOW (IF NOT IN SUCH FACILITY, GIVE STREET AGORESS) ALL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS THATE IT AS DECEASED EVER IN U.S. ARMED FORCES? ES, NO OR UNKNOWN) IS COUNTY AS DECEASED EVER IN U.S. ARMED FORCES? ES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES) PART 1. DEATH WAS CAUSED BY. CONDITIONS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF COUNTY (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 190 DATE OF OPERATION 190 CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 210 INJURY OCCURRED WHILE NOT WHILE AT WORK 210 PLACE OF INJURY AT WORK AT WORK 191 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 210 SOW the deceased from above, (Lighye) (Idid) (did not) view the body after death.	THEREACE (STATE OR FOREIGN WINDINGTY) OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF YOR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF YOR TOWN OF DEATH 13. CITY OR TOWN 134. INSIDE CITY LIMITS? (IF YES, GIVE WAR OR DATES) 15. MOTHER'S MAIDEN NA FIRST ANDLE AN	THE CALCE (STATE OR FOREIGN 176 CITIZEN OF WHAT COUNTRY? 8 MARRIED 1 NEVER MAR

BP DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR:

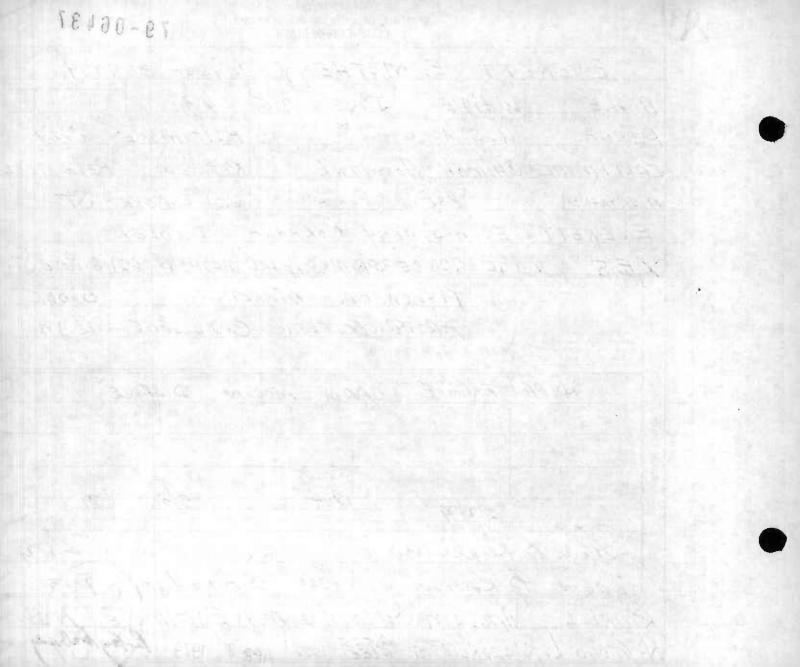
IMPORTANT: If Hem 21 is should be detoched for with the State Dept. of

24. FUNERAL DIRECTOR

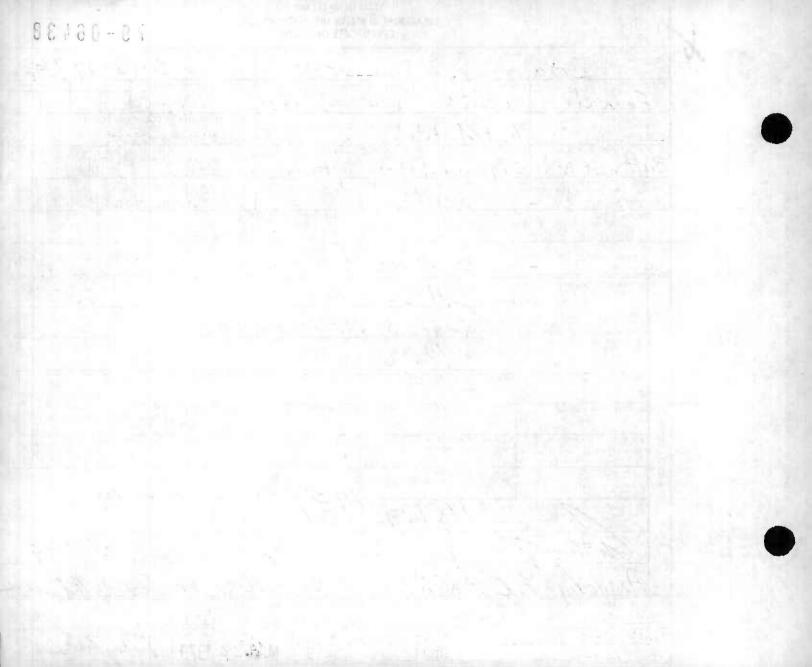
1101 E. North Ave. C. March F/H

Durial 3/26/79 Arbitus Mom. Pk. Arbutus, 194.

STATE OF MARYLAND 79-06437 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO ANIDOLE 20 DATE OF DEATH MONTH 1. DECEASED NAME 2b HOUR LITYPE OR PRINT 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS HOURS MIN BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED [12b. KIND OF BUSINESS OR UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 RIOSCLEROTTE CIVIDISEASE Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NO NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 8 5 21d INJURY OCCURRED 21e PLACE OF INJURY STREET CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (i) (this haspital) attended the decoased from, saw the deceased alive on o, and that in (my) (aur) opinion death occurred on the date and hour and from the couses stated (w) (did not) view the body after death. DEGREE 226 SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS IAN'S NAME (TYPE OR PI should be CREMATION, REMOVAL OF CEMETERY OR GREMATORY DHMH - 16 60M 1/75 (VR A 15 (4))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a DATE OF DEATH (TYPE OR PRINT) MATTHEWS 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR 1890 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland Baltimore City. DIVORCED 12h KIND OF BUSINESS OR INDUSTRY ·Housewife Home ISUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS D Baltimore Maryland 529 N.Robinson Street YES X NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Conrad Foos Madeline Keller 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. Herbert L.Crane(son-in-law) 21230 I HEYES GIVE WAR OR DATES! No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 19 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE T ARTERIOSCIPROSIS-Conditions, if ony, which gove rise to immediate couse 101, stating the DUE TO, OR AS A underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIVISION OF VITAL RECORDS. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN, COUNTY STATE NOT WHILE AT WORK 220.1 certify that Willis hospital) attended the and that in (my) (our) opinion death occurred on the date and hour and from the causes stated (did Idid not) view the body ofter death DEGREE ATTENDING MEDICAL STAFF should be deto with the Stote IMPORTANT: DIRECTOR PHYSICIAN 22e. ADDRESS 230 BURIAL, CREMATION, CEMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236. DATE Burial Oak Lawn Cemetery Baltimore Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Schimunek Funeral 3331 Brehms Lane Balto Md. 21213 DHMH - 16 50M 1/76 (VR A 15 (4)) Home, Inc.



STATE OF MARYLAND

Tourist Committee Property Loss Services How Loss of the Committee Committee

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	19-06	4 4 U
1. DECEASED NAME (TYPE OR PRINT)	Berth		nna		tson	2a. DATE O	F DEATH MONT	-31-79 YEAR	26 HOUR 7;]
3. SEX		4 RACE		5. DATE C		6. AGE (INY	EARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24
Female		Whit	е	Jan	23, 1899	80		YRS	HOURS
H. BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED			UNTY OF DEATH	
Marylan		U.S.		WIDOWE	D DIVORCED		timore	City	
Balto.	1	(IF NONINGUE)	H FACILITY, GIVE STREET	Hosi	oital	(TYPE OF WOR	OCCUPATION IK FOR MOST OF WOR emaker		OF BUSINES:
USUAL RESIDENCE (1)	A A	(TY	13c CITY OR TOWN Pasader	N	13d. INSIDE CITY LIMITS? YES NO	136 STREET 1292		on Rd.	
14 FATHER'S NAME		MIODIE	LAST		15 MOTHER'S MAIDEN NA	AME	WIODIE	1.4	5.7
John	R	ichard	Hayes	3	Constant	ina		Ecka	
160 WAS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
NO OR UNKNOW			THE STATE OF		Matthew J	. Mat	tson Sr	same	as 1
THE TOP OF OF OR THE TOP OF OF THE TOP OF T					NOT RELATED TO THE TERM	20a AUTO	OPSY? 20b.	IF YES, WERE FINDI CERTIFYING CAUSE	NGS USED S OF DEATH
21a. ACCIDENT WAS	CAUSE OF DEA	21b. TIME O HOUR A P	m. MONTH DA M.	Y YEAR	216. HOW INJURY OCCUP	YES RED (ENTER NA	NO	YES	NO [
AT WORK	OT WHILE	(AT HOME, STR	REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	9	CITY OR TOWN	COUNTY	STAT
	olgr	ti view the Vodi	after depth 19 AT U.S.A		d that in (my opinion) DEGREE ATTENDING PHYSICIAN 22e ADDRESS MERCY / J	MEDICAL	STAFF PHYSICIAN	nd hour and from the	
230. BURIAL, CREMAT	ON, REMOVAL	236. DATE 4/4/			EMETERY OR CREMATORY athedral Ce	m 23d. LOC.	ATION PRIOWN L timore	COUNTY	Md.
24 FUNERAL DIRECTO		e 4001	Ritchie	alto Hev	6166)	TE REC'D. BY F	1979	EGISTRAR'S SIGNA	Crealy

DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND

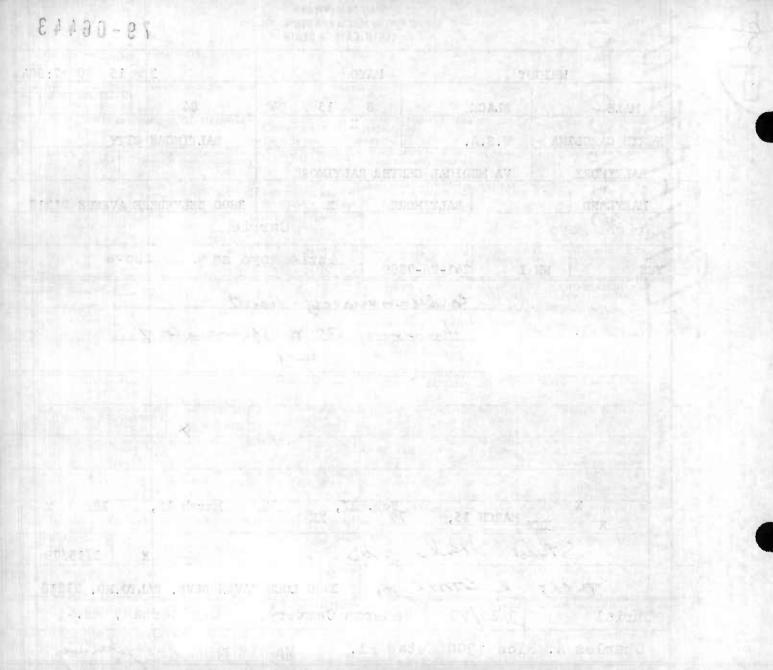
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-06442

	REGISTRAR					REG. N	0.	• • •			
	DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	L	NST .	2	B. DATE OF DEATH	HINOM	DAY YEAR	26 HOU	R	
	Doro	othy E.	Mayf	ield		March 24,	1979		10:	25 ^P _M	
3	SEX	4 RACE	5 DATE O		YEAR 6	AGE (IN YEARS LAST BIRT	HDAY)	MONTHS CAYS		24 HRS	
L	Female	Black	1		5	74	YRS	MONTHS GATS	1100115	741114	
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	VTRY? 8	NEVER MARI	RIED 7	BALTIMORE CITY O	R COUNT	Y OF DEATH			
5	COUNTRY) Md	U. S. A.	WIDOWE	00.00		Baltimore	2 City	y	13.00	MD.	
10	CITY OR TOWN OF DEATH	LIF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	R OTHER INSTITUT		TYPE OF WORK FOR MOST O			OF BUSINE	ESS OR	
8	Baltimore	Maryland Ge		spital							
	ISUAL RESIDENCE (IF NURSING HOME OF	NTY 13t CITY OR		13d INSIDE CITY L			idhi	11 Av	Ρ,		
14	FATHER'S NAME	MIDDLE LAS	т	15 MOTHER'S MA	AIDEN NAME	WIDDLE		- to	AST		
9	Harrison	Ray		Bessi	e			Jones	3		
16	(YES, NOWN) (IF YES, GIV		SECURITY NO.	17 INFORMANT		ADDRE					
	210	21/-0	19-2318	Georgia	a May	field 19	11 D	ruidHi	XIMATE INTER	lve.	
	Canditions, if ony, which gave rise to immediate cause ial, stating the underlying couse lost	gave rise to immediate cause (a), stating the DUFTO ORAS A CONSEQUENCE OF									
	Heart diseas	se secondary t	o Rheuma	tic Hear	t dise	ase					
	Heart disease 190 DATE OF OPERATION March 21, 1979 710. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION	WAS PERFORME	D	20a AUTOPSY?		S, WERE FIND			
2.	March 21, 1979	9 Pacemaker n	not Sensi	ng		YES NOK		ES	NO [
		21b. TIME OF INJURY			Y OCCURRED	(ENTER NATURE OF INJUI	Y IN ITEM 18,	PART 1 OR PART 2)			
	OR CONTRIBUTING CAUSE OF DE	ALIN .	19								
	OR CONTRIBUTING CAUSE OF DEI (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	SEENE EADAN ETC.)	211 LOCATION		CITY OR TOV	VN	COUNTY	¢1	TATE	
1	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORT, O	PERICE, FARM, ETC.)			CITY ON 10			3.	014	
	saw the deceased alive on	22a.1 certify those (this haspital) attended the deceased fram March 14 19 79 , ta March 24 19 79 , that (K(we) lost saw the deceased alive on March 24 19 79 , and that in March 24 (aur) apinian death accurred an the date and haur and fram the causes stated above. (K we) (did) (ADXX view the body after death.									
	Juni 1	· U.D			NDING SICIAN 1	MEDICAL STAI	FIANT	3/2	15/99	9	
	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS	SICIAIN []	DIRECTOR THIS	IAIT LE	1	/ /		
ı	Jing Liu	M.D.		C/O Mar	banland	General Ho	neni t	-1			
7:	30 BURIAL, CREMATION, REMOVAL		23c. NAME OF CE	METERY OR CREA		23d. LOCATION	PAPIL	-			
	Buria1	3/29/79	Arbutu	s Mem.	Park	Arbutus	,	COUNTY	Md.	ATE	
24	FUNERAL DIRECTOR	ADDRE			250. DATE R	EC'D. BY REGISTRAR	25b. RE638	TRAR'S SIC VA	TUPE		
	Wm. C. March	F/H 1101 E.	. North	Ave.	MAR	27 1979	per	Hard Land	-	7	

DHMH - 16 60M 1/75 (VR A 15 (4))

10.23	Parch 24, 1979	SENT TO ARE	.T vition	
	., -	1 4 05	Black	Ermale
	gat0 smetaina	2	U. S. A.	.hlf
		Indianos Lates	and hendered Co.	arounties
AVA	1911 Druidhill	inore s	7 0	.bii
2-17	ol.	Bresi	P 27	Harrison
dilibi	vfield 1911 Drai	9-2318 Corgin Ma	0-713	6%
		nated Intravascular		
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	AS STAN	AL drung	At Joseph	
		erican		A / 105



FOR

- STATE

(TYPE OR PRINT)

REGISTRAR

Dorothy

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

Mc Arthur

REG. NO 20 DATE OF DEATH March 3, 1979 6:55 a M 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS **HOURS** 65

9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED

Baltimore City 12n USUAL OCCUPATION 126 KIND OF BUSINESS OR

(TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY

13d INSIDE CITY LIMITS? 13e STREET ADDRESS Walnut Avenue

15 MOTHER'S MAIDEN NAME

YEAR

Rosa Mae Gross ADDRESS 17 INFORMANT

210 Walnut Avenue Alvin Mc Arthur

Cardiopulmonary Arrest

DUE TO OR AS A CONSEQUENCE OF Post Repatic cirrhosis, severe

MIDDLE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Upper Gastrointestinal bleeding 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR

19

211 LOCATION

ATTENDING

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

20a AUTOPSY?

CITY OR TOWN

NOO

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COLINTY STATE

3-5-79

APPROXIMATE INTERVAL

220.1 certify that (1) (this haspital) attended the deceased from January 30 10 March 19_79_, and that in (our) opinion death occurred on the date and hour and from the causes stated DEGREE 92c DATE SIGNED

Oussama Annous, M.D.

C/O Maryland General Hospital 23c NAME OF CEMETERY OR CREMATORY Arbutus

Arburus

couMd .

STATE

NAR 6 1979

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

5 %

24. FUNERAL DIRECTOR James A. Morton & Sons 170155 Laurens

23b. DATE

3/6/79

230 BURIAL, CREMATION, REMOVAL

(SPEBurial

77e ADDRESS

1100-					
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	ng 10 latonin		×	B.S.A.	
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		EASED NAME	FIRST		MIDDLE	ncanh	1	AST			20. DATE OF	KNOWN [DAY YEA	IR Zb. HOL
			Micha		EJ			cCart			DEATH	MATED [3		79
	SEX Ma		White	5. DATE OF BIRT	YEAR	6. AGE (IN YEAR LAST BIRTHDAY 32 YRS	MONTH	DER 1 YR.	HOURS	R 24 HRS.	PRONOUN DE AD	ICED	MONTH 3	29 ₁₉ 7	79 1:2 A
7	d. BIR	THPLACE (ST.	ATE OR	76. CITIZEN OF			B. MARRIE	D NE	VER MAR	RIED 🗆	9. BALTIM	ORE CITY		TY OF DEATH	
		Leeds	England		USA		WIDOW	D 🗋	DIVOR	CED 🗆		Balt:	imore	City,	٨
ш		timore		(IF NOT IN SUC	HEACILITY, GIVES	rsing home, treet address) E Quara				FOR	MOST OF WOR	Ction (TY)		12b. KIND OF OR INDU 1a bo	ISTRY
	SUAL Bo. ST.	ATE	F IN NURSING HOME O	ΓY	13c. CITY	OR TOWN		13d. INSIDE (CITY LIMITS?	_	EET ADDRE	ss Green	wood	St.	
1		HER'S NAME		MIDDLE		LAST		15. MOTH	ER'S MAIL	DEN NAME		IDDLE		LAST	
		Joseph		tan					Mar	ie	M	Α.		Cooke	
10	oa. W.	AS DECEASED NO. OR UNKNOV	EVER IN U.S. ARA (IF YES, GIVE V 67-7	WAR OR DATES)		_44 _7 28		Jos	mant seph	P. M	cCart	an sai		13e.	
	7	8/3 Candition gave rise	os, if any, which to immediate stating the under-	DUE TO,	Blunt :), and (c).) injury NSEOUENCE OF	F	runk	with	lace	ratio	n of h	neart	BETWEEN OI	MATE INTERVAL NSET AND DEAT
		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT RELA	TED TO THE TERMIN	AL DISEASE	OR CONDITIO	ON GIVEN IN F	ART I (a).					
	CERTIFICATION	19a. DATE OF	OPERATION	19b. CON	DITION FOR	WHICH OPERA	TION W	S PERFOR	RMED?					20. AUTOP	
	N N	INDERIVING	G CAUSE OF D	EATH 1:00	OF INJURY A.M. MONTH CK 3 E OF INJURY	DAY YEAR 29 1979		lver				object		RT 2)	
	WE	WHILE AT WORK		STREET, F	actory, farm, E	TC.)	ST	REET	th of	E Qua:	city or tov			uniy 1 tim ore	City, N
			Abad I Asada abasa	e of the remoins	described abo	ve, held on	Autops	, x,	Inspecti	on ,	Inquiry		nd in my o	pinion	
		deoth resulte		al causes ,	Accident	X, Suic	ide		cide	Undet	ermined mo	nner,			
		deoth resulte ACTUAL GIGNATURE XAMINER'S N TYPE OR PRIN	d from: Natur	ginia L.	Dolan	- On	M,I	TITLE (S			ICAL EXAM		DATE SIGNE		/79

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	Company and the company of the compa		
and Laboratory			

George J. Gonce 4001 Ritchie Hgwy

Glen Haven Mem. Pk

Balto 21225

DHMH - 16 50M 7/77 (VR A 15 (4))

Burial

24 FUNERAL DIRECTOR

FOR

REGISTRAR

- STATE

STATE OF MARYLAND 79-06446 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 7h HOUR

79

IF UNDER LYFAR

MONTHS DAYS

COUNTY

COUNTY

Glen Burnie

250 DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c DATE SIGNED

5.40 ans

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

DENRIE .

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

STATE

Md.

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injury, or other troumatic event, the medical examiner must be natified at

IMPORTANT: If them 21 is marked ar them 18 shows any

FOR 1 - STATE

STATE OF MAKILAND	STATE	OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-06447

		REGISTRAR		CERTI	TICALE OF DEATH	REG. N	0.	00	
H		CEASED NAME FIRST	MIGDLE		CASTON	20. DATE OF DEATH	MONTH C	GAY YEAR	2b. HOUR
ā	,	OR PRINT) STEV	LIV	MC	CASTON	MARCH 2	21, 1	979	8:25Am
	3 SEX		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNGER I YEAR	
١		Male	White	May	19, 1954	24	YRS.	MONTHS . CLAYS	HOURS MIN.
2		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
	4	S. Carolina	U.S.A.	WIDOW		BALT	IMORE	CITY	MD.
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	120. USUAL OCCUPAT			OF BUSINESS OR
112	Ba	altimore /	THE JOHNS	HOPK	INS HOSPITAL	Empolyee		Cont	_
7	13a. S S .	Carolina Le	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM 13c. CITY OR TOV Xington Lexin	NN.	136 INSIDE CITY LIMITS?	13e. STREET ADDRESS R.F.D.	#1		
900	14. FA	THER'S NAME Wallace	Mc Ca	ston	IS MOTHER'S MAIDEN NAM	MIDDLE		Ande	rson
3	16a W (Y	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES GIVE NO	MED FORCES? 16b. SOCIAL SECTION N/A	URITY NO.	1	ife) Addy McC		n, Sam	ne as #B
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly ane cause per line far (a), (b), a		nary arrest			APPROX BETWEEN	ONSET AND DEATH
	N	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (C. Applastic and	DUE TO, OR AS A CONSEOL (b) Candida DUE TO, OR AS A CONSEOL (c) Vival p CONDITIONS CONTRIBUTING TO mia (5/p B.M.	JENCE OF	nia	NAL DISEASE OR CON	IDITION GIV	EN IN PART 1	(a)
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	-/	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED		19	216 HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU		ART 1 OR PART 2)	STATE
	2	AT WORK AT WORK	(AT HOME, STREET, FACTORT, OFFICE,	TARM, ETC.)					31716
		220.1 certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did no	ital) attended the deceased from. 3 / 20 19 it) view the bady after death.	en	nd that in (my) (our) apinian d	, ta 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3	ate and hou		
			abb, M.	0.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED
		22d PHYSICIAN'S NAME (TYPE O				lopkins Ho.	spital	,	
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	1444	COUNTY	STATE
	F	Burial	3/23/79	Zion	Lutheran Ch	Lexingt			Carolin
	24 FL	Barnes Flem	ing Funeral S	ervi	ce, Benson M	AR 23 1979	25b. RECUET	Lay 9m	Creaty

DHMH - 16 50M 7/77 (VR A 15 (4))

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7.9-06-17			E GODENN AU DI PSEZ		
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es orna ,north	out alia.	erent (s)		enc4	01

MIDDLE

FOR

REGISTRAR L DECEASED NAME

FIRST

- STATE

YRS **BALTIMORE CITY OR COUNTY OF DEATH** BALTIMORE CITY 17s USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 523 Wellesly St. LAST Clark ADDRESS Mr. Robert McCoy 523 Wellesly St. APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death accurred an the date and hour and from the causes stated 22c DATE SIGNED STAFF DIRECTOR PHYSICIAN STATE COUNTY Md. 250. DAMARO BY DE GISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH

MONTH

2h HOUR

HOUR5

IF UNDER 24 HRS

IF UNDER I YEAR

DAYS

LAST

THE PARTIES.

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Alada de O Sal Sansas Mille 1110/ 21 -01-2718 Anni Butchinson 3500 Berenn Buriel 3/23/79 King Memorial Et. Beltimore County, Md. Was C. March F/H 1101 E. North Ave. MAR 21 1979 AFF- Suding

	1		STATE OF MARYLAND	
	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	70 001.50
A second	Ľ	REGISTRAR	CERTIFICATE OF DEATH REG. NO.	79-06450
A Amel		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
× be		AARC	ON MCCULLOUGH 3-	9-179 1
	3 SE	4	RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
ge 4		MALE	BLACK AUG, 27, 1927 51 YRS	5.
S hod	70.81	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUN	TY OF DEATH
death death	C	HESTERS CI	US, H, WIDOWED DIVORCED DIFFETTIMO	RE C174 MD.
fter of the full with	10 CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IEMOT IN SUCH FACILITY, GIVE STREET ADDRESS). (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
_ 0 +	1	ACTIMORE	800 N. WASHINGTON ST. CANTON ELEVA	
D 21201 4 hours of thous of the file	13a S	TATE 13b COUNTY	THER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) Y 130, GITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS	
AND 124 Filler Filler Fould	M	ARYCAMO	PACTIMORE YES IS NO 1 800 N. WY	4SHINGTON S.
ARYLAND I within 24 pletely filled and 2 should	14 FA	THER'S NAME	15 MOTHER'S MAIDEN NAME FIRST MIDDLE	LASIL
X S E S C		J. 7	MCULLOUGH CARRIE KD	SE BORDUGH
MORE, and co Poges 1		(AS DECEASED EVER IN U.S. ARME ES, NO OR (NICHOWN) (IF YES, GIVE WA		, 800Ni
BALTIMORE cate be executable by special and capers. Pages val.		140.	251-38-9447/KATHERINE MCULLUU	4H INASH, ST.
T., BAL tificate physicis npaper mavol.		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	one couse per line for (a), (b), and (c)	BETWEEN ONSET AND DEATH
ST., g ph an p		IMMEDIATE (
		2500	DUE TO, OR AS A CONSEQUENCE OF	
PRESTON he death c emave cark mattan, or r fraumatic		Conditions, if any, which	(16) HYPGRIENTION	
- + + = e e		gave rise to immediate cause 101, stating the	DUE TO, OR AS A CONSEQUENCE OF	
201 W 201 W ned by please urial, a		underlying couse lost	10 DIABETES MELHTUS	
	7	PART 2 OTHER SIGNIFICANT CON	onditions <u>contributing to death</u> but not related to the terminal disease or condition g	SIVEN IN PART 100
Pa CH + III	CERTIFICATION			
I RECOL	δ	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF Y IN CER.	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
TALR The licion. The harms have harms have been shown	Ē			YES NO
G OF VITA SICIAN. The physicic certificate certificate artial-fronsit ental Hygus litem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	8, PART) OR PART 2)
ON OF IYSICIA Ading pl s certif burial-t Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	
PHY tendir the build wind w	MED	21d INJURY OCCURRED WHILE NOT WHILE	21e Place of Injury (at home, street, factory, office, farm, etc.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
DIV ING T offer as the		AT WORK — AT WORK —		3.6
END of o		220.1 certify that (I) (this haspital)		, 19 that (I) (we) lost
ATT aspired for the state of th	1	sow the deceased alive on above, (I) (see the d) (did not v	view the body after death. DEGREE	
OR he had borned ochec		IZB. SIGNATURE	ATTENDING MEDICAL STAFF	220 DATE SIGNED 8/9/79
	-	22d. PHYSICIAN'S NAME (TYPE OR PR	PHYSICIAN DIRECTOR PHYSICIAN	3/1177
ed by CNN de by ST Fire				, BALTIMORE, MD
TO HOSPITAL etoined by to FUNERAL should be delivered by with the Storic with the Storic hardward by the Storic by			1 9	1 3.000
1914	23a B	URIAL, CREMATION, REMOVAL	236. LOCATION SITY OF TOWN 236. LOCATION SITY OF TOWN	COUNTY
BP	24.51	DURIHL	10-10-11 MILICHLUARY COM, BACTIMOR	E, MARYLHAU
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FU	INERAL DIRECTOR	250. DATÉ REC'D. BY REGISTRAR 25b. REGI	STRAK'S SIGNATURE
(VR A 15 (4))	40	72040, JHEIT	4600 LIBERTY HOPS, TO MAR 19 1970 Mich	Bu beall

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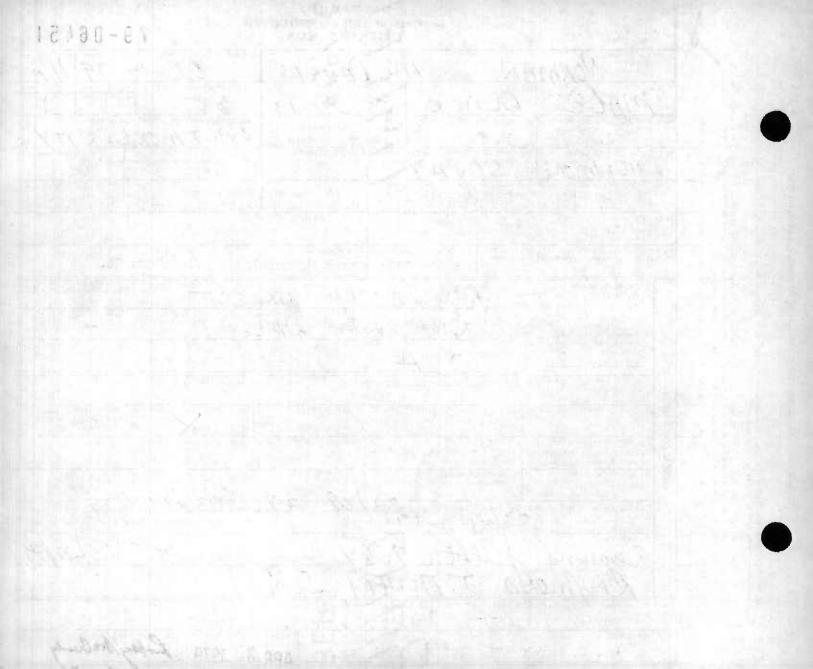
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	'	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	19-06451
1		CEASED NAME PRINTS PRINTS	AN	Mc	DANIELS	2a. DATE OF DEATH MONTH	29 79 1/5 M
	3. SE.	MALE	BLACK	5 DATE O	of BIRTH DAY VEAR 13		IF UNDER 1 YEAR IN UNDER 24 HRS. MONTHS DAYS HOURS MIN
33		IRTHPLACE (STATE OR FOREIGN 7 OUNTRY) Md.	U. S. A.	MARRIE WIDOW!	D NEVER MARRIED D	BALTIMORE CITY OR COL	ORE CITY MD
6	0.	SALTIMORE	(IF NOT SUCH FACILITY, GIVE	STREET ADDRESS)	DR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR INDUSTRY
35	13a. S	AL RESIDENCE (IF NURSING HOME OR C STATE 13b. COUNT Md.			13d INSIDE CITY LIMITS? YES MO	130. STREET ADDRESS 5442 Gist Ave	
100	14. FA	ATHER'S NAME FIRST M	NDOLE LAS		15. MOTHER'S MAIDEN NAM FIRST	WIGDLE	LAST
1		vas deceased ever in U.S. arm yes, no or unknown) (if yes, give v No	MED FORCES? 166 SOCIAL 218-03	SECURITY NO. 3-4947	Sarah McDanie	els 412 N. Hilt	ton St.
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y ane cause per land for (a), (f By CAUSE (a)	PRATO	DRY AR	REST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if any, which gave rise to immediate	DUE TO, OR AS A COR	EDENCE OF	I DW	L	
		couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS CONS	1	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	J GIVEN IN PART 1(n)
2	CERTIFICATION	19e DATE OF OPERATION	196 CONDITION FOR W		1.75	200 AUTOPSY? 20b. 1	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
9	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M.	DAY YEAR		ED (ENTER NATURE OF INJURY IN ITEA	
	MEO	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		abave, (1) (we) (did) (did nat)	03/29	19 7 , 01		eath accurred an the date and	, 19 , that (i) (we) lost have and from the causes stated
		Raymond	Jacker.	0900	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFE	03/29/79
		RAYMO!	YO J.F	TITIES	P/ Sity	AI	
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	24 FI	Burial JNERAL DIRECTOR	4/5/79	Md. Nat	'1 Mem. Pk.	Laurel,	Md.
			10000		EN. DAIL	NEOIOINAN ZIII	THE THE PART OF TH

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR 1101 E. North Ave. Wm. C. March F/H



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20. DATE OF DEATH 2b HOUR (TYPE OR PRINT) Aline F. McDonald 5. DATE OF BIRTH 3. SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 25 Female. Black 54 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY Baltimore City Md. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Provident Hosp. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto. 3160 Ravenwood Avenue Balto. 13d. INSIDE CITY LIMITS? Md. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Elsie Willie Hooper Stanley 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR GATES) 215-26-2749 3160 Ravenwood Clay A. McDonald CAUSE OF DEATH Enter only ane couse per line far ta , PART I DEATH WAS CAUSED BY W. PRESTON ST. 10 IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse to, stoting DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21e. PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from _ saw the deceased alive an. , and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS ld b ÷ 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY Burial Md. Nat. Mem. Laurel Md 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) Wm C March F/H 1101 E. North Ave.

STATE OF MARYLAND

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FOR STATE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-06453

		REGISTRAR					REG. NO).		
	1. DEC	CEASED NAME PIRST	MIDDLE	М	CDDW F		20. DATE OF DEATH	3 MONTH	DAY YEAR 79	26, HOUR A
	3. SEX		1 RACE	5. DATE C		- married gradual	AGE (IN YEARS LAST BIRTI		IF UNDER 1 YEAR	IF UNDER 24 HRS
	J. SEX	Λ	BLACK	MONTH		YEAR 3	42		MONTHS DAYS	HOURS MIN.
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3	B	or town of Death	SUUTIT BAL	STREET ADDRESS)	1		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF			OF BUSINESS OR
35	13a, S	MO.		TOWN		NO 🗌		AFLI	4 cow	KT
C	14 FA	THER'S NAME ROBERT	MIDDLE MCC	DUWELL		MAIDEN NAMI	Beyy!	TT	LA:	ST
1	16a. W (Y	(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL 250 -	SECURITY NO. 58-3586	Naoni Naoni	McDo	well 2706		flin C	Ot.
i		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (o), (I D BY: TE CAUSE (a) STR	o, ond (c	- with	Hern	intion		BETWEEN	ONSET AND DEATH
		4372	DUE TO, OR AS A CONS	SEQUENCE OF	15 5	W. CON	BUPAT			1
		Canditians, if any, which gave rise to immediate	(b) 1747-K	1150711	J - L	CEL 19	n cornst	1		
		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONS	SEQUENCE OF						
	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED	O THE TERMIN	NAL DISEASE OR CON	OITION GIV	VEN IN PART 11	a)
9	TIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	IN CERTIF	S, WERE FINDI FYING CAUSES ES	NGS USED S OF DEATH?
9	CAL CERTIFI	2] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OE. (IF EITHER, NOTIFY MEDICAL EXAMINER)		H DAY YEAR	21c. HOW INJ	URY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, I	PART 1 OR PART 2)	
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	PFFICE, FARM, ETC.)	211 LOCATIO STREET	N	CITY OR TOW	N	COUNTY	STATE
		22a. I certify that (I) (this haspe saw the deceased alive on abaye. (I) (we) (did) (did no	2 / 1	7.	nd that in (my) (, 19 7 4 gor) apinian de	, to o eath accurred on the do	3/1 ite and hou		that (1) (we) lost causes stated
į		226. SIGNATURE, MOST	April Nold	en M		TENDING HYSICIAN	MEDICAL STAF		22c. DATE	SIGNED 1-79
1		22d. PHYSICIAN'S NAME (TYPE O	Walder		220. ADDRESS	96H				
	230 B	urial, CREMATION, REMOVAL	23b. DATE 3/5/79	23c. NAME OF C	cemetery or c		23d LOCATION CITY OF TOWN Brookl	yn	COUNTY Md.	STATE
		neral director harlel A. Ri	ce 1300 Eût	äw Plac	ce	MAR	6 1979	25b. REGIST	TRAR'S SIGNAT	redy

DHMH-16 50M 7/77 (VR A 15 (4))

79-06-53 HIR THE REPORT OF THE PERSON. V ... THE RELEASE PROPERTY AND ADDRESS OF THE PARTY OF THE PART Sugar I de la company de la co the first in the state of the s

8	4	FOR - STATE	/10/79 {		MENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE 7	9-064	5 4
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hou hou	USI 13a.	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU	R OTHER INSTITUTION		ADMISSION	13d. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 2238½ West	North Av	renue
uted within 24 completely filled I and 2 should	9 14 1	Samuel	MIDDLE MC	Glotten		15 MOTHER'S MAIDEN NA CLARA		Kenn	
ote be execut sistion and ca	9 160	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) YES (IF YES, GIV	E WAR OR DATES)	166 SOCIAL SECU 212-05		17 INFORMANT Herbert	McGlotten		. Eager
that the death certifical days the ottending physics remove carbonpop or cemoton, or remove or or other froumatic event,		Conditions if ony, which gove rise to immediate couse rol, stating the underlying couse lost	DUE TO, O	ROSA RAS A CONSEQUE	nce of	ng Canys	2 X	861	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
RECORDS, 2 to low requires no cos been signe permit. Then preprior to no violation with the propertion of the properties of the properti	CERTIFICATION	PART 2. OTHER SIGNIFICANT			1	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, WERE F	12.0
DIVISION OF VITAL OR PHYSICIAN: The ortending physicion ther this certificate has the buriol-transit, the and mental Hygies have don them 18 should be on the miles of the mi	1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	DE INJURY M. MONTH D.	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY		
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ATTENDI aspital ar ECTOR: A d for use t of Heal		220.1 certify that (I) (this hosp sow the deceased alive or above, (I) (we) (glid) (did no 27b. SIGNATURE.				, 19	deoth occurred on the dote		
HOSPITAL OR Inned by the high properties of the beautiful bigging the Stote Depondent of th		22d. PHYSICIAN'S NAME LARGE	min mb			ATTENDING PHYSICIAN [22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA		3/21/79
TO HOSPITAL retoined by t TO FUNERAL should be det with the Stote	220	BURIAL, CREMATION, REMOVAL	Ph his	1 ms/	2,	LOC IT NO	123d LOCATION	· Hospite	1
000 BP		(SPECIFY) Burial FUNERAL DIRECTOR	3/22			vary Cem.	Anne Aru		
DHMH - 16 50M 1/76 (VR A 15 (4))		Wm C March F	/H	1101E.	Nort		R 2 2 1979	firstay &	February

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Committee of the Commit

Table No. 1

completely filled in

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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~		REGISTRAR				CERTIF	ICATE OF DEA	TH		REG. NO	0. 1	9 - 06	45	5
100		CE ASED NAME	FIRST A	ndrew '	Davio	dson	AST McGowa	an	20 DATE OF	DEATH	MONTH	DAY YEAR	2b. HOU	
Min i	,,,,,	14	ndro	3W		m	60wa	n	1000		3 -	31-79	11	55pm
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		aryland		U.	S.A.	WIDOWE			Ba	ltimo	ore	City	193	MD.
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not /	Ba	altimore					ospitals	3	Ship					-
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見りり	Ma	rvland		imore	Dunda		CO - CO	₩			lele:	na Ave	nue	
A)	14 FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	IDEN NAM	WE	WIDDLE	4			
36		John		A.	McGo	wan	Mary			MIDOLE		Pa	den	
6	16a. V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT					wood A		
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£ ,		18 CAUSE OF DEAT PART I. DEATH W	H (Enter or	ly one couse per	line for (a), (b), (and (c).)	- 0		^	-	7	APPROX BETWEEN	MATE INTE	RVAL
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1 01	97	underlying couse	e lost.	(c)									119	
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a a	-	210. ACCIDENT WAS UN	-	110110 4	M. MONTH	DAY YEAR	21c. HOW INJURY	YOCCURR	(ED (ENTER NA	TURE OF INJUR	RY IN ITEM 18.	PART 1 OR PART 2)		
llen	MEDICAL	(IF EITHER, NOTIFY MEDIC		P.,		19	AN LOCATION							
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orke orke		AT WORK - AT WE	ORX -	_			2.15	50	3	***	2 /	3.0		
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W .		obove. (I) (we)	gid alid no	ew the body			DEGREA.	- Opinion C	Jeoni occorre	d on the do	ne ono no	22c, DATE		
=======================================		6 K-		V	2.000		ATTE	NDING _	MEDICAL	_ STAF		12. DATE	SIGNED	20
<u> </u>		22d. PHYSICIAN'S N	AME Aure	acc	ver	na	T27+ ADDRESS	SICIAN [DIRECTOR	PHYSIC	IAN	3-	5/-	//
POK		Hen	V 97	01	OCVM	wan	Pol-	dim	1016	Gi	50	1805	p	
≤	23a. E	BURIAL, CREMATION,	REMÓVAL	23b. DATE	23	NAME OF C	EMETERY OR CREA	MATORY	23d. LOCA	ATION		COUNTY	, ST	ATE
100		Buria		4/4/	79 M	eadow:	ridge Me			timo				1D
7	24 F	UNERAL DIRECTOR I						250. DATE	E REC'D. BY R	EGISTRAR	25b BEGIS	TRAR'S SIGNAT	TURE	
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DHMH - 16 50M 7/77 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit pe with the State Dept. of Health and Mental Hygiene

19-05155

_ 16	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND	MENTAL HYG		7 S	9 - 06	456
(M)		ORPRINT)	OHN		M.		RAW		20 DATE OF DEATH	3 //	79	4:00 A N
o de composition de c	3. SE	(ALE	4	RACE WHITE		5 DATE C	DAY	29 29	6 AGE, (IN YEARS LAST		IF UNDER 1 YEAR	HOURS MIN
merol dir in 72 hou	C	RTHPLACE (STATE OR FORE) IARYLAND	GN 7	U.S.A	WHAT COUNTS	MARRIE WIDOWE		MARRIED .	9 BALTIMORE CIT	YOR COUNTY LC, TY	OF DEATH	MD
by the furtiled with	10 C1	Baltima		1. NAME OF	HOSPITAL, NUR CH FACILITY, GIVE STE	(SING HOME C REET ADDRESS)	ROTHERINS	NOITUTIT	120 USUAL OCCUP (TYPE OF WORK FOR MO CAB DRIV	ST OF WORKING LIF	E) INDUSTRY	F BUSINESS OR
AND 212 24 hours filled in rould be must be	13a S	AL RESIDENCE (IF NURSING TATE 131 RYLAND	HOME OR C		BALT IM	NWC	13d INSIDE (CITY LIMITS?	3707 McT		3.4	
MARYLA ed withir ond 2 sh examine	14 FA	JOHN	MI	DDLE	McGRAW			'S MAIDEN NAM EIRST JANE			HYLAN	Ť
IMORE,	16a V	VAS DECEASED EVER IN (IF		VAR OR DATES)	166 SOCIAL SE	100	MARY	ANJ .	AW, 3707	DRESS McTAVIS		
rtificate k physicio on papers emovol.		18 CAUSE OF DEATH PART I. DEATH WAS	CAUSED	one cause per BY: CAUSE (a)		ondici	Avi	rest				MATE INTERVAL DISET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retending physician. Wher this certificate has been signed by the ottending physician and completely filled in by as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled than Amental Hygiene prior to buriot, cremotion, or removal. Orked or them 18 shows any injury, or other traumotic event, the medical examiner must be filled.		1629 Conditions, if ony, w gove rise to immed	hich		or as a consec	OUENCE OF L	ung	Cancer			10m	ionths
that the d by the lease remial, cremial or other t		couse (a), stating		DUE TO, O	R AS A CONSE	OUENCE OF	7					
ORDS, 2) requires sen signe t. Then p or to bur y injury, (TION	PART 2. OTHER SIGNIF	m=									
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SION OF VIII PHYSICIAN: ending physic this certificat the burol-fron ad Mentol Hyu	MEDICAL CE	210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATI	P.	.M. MONTH ,M.	DAY YEAR			ED (ENTER NATURE OF I	njury in item 1B, P.	ART 1 OR PART 2)	
DING PHY: or offending After this e os the bu	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK		(AT HOME, ST	OF INJURY REET, FACTORY, OFFI		21f LOCATI	ON	CITY OR	TOWN	COUNTY	STATE
TTEN TORE for us of He		22a I certify that (I) (the sow the deceased obove, (I) (we) (did)	olive on_	5 /21	19	77_, or		, 19	eoth occurred on th	e date and hou	r and from the	
ITAL OR A by the host RAL DIREC detoched detoched tote Dept.		226 SIGNATURE	101	Kinl-	-			ATTENDING PHYSICIAN		TAFF SICIAN	3/11	179
CO HOSPITAL etoined by the TO FUNERAL should be def with the State		Philip	Kon	PRINT)			Be ADDRES	altimor	e Cancer	Resew	766 Carl	e
006BP	(:	URIAL, CREMATION, REA SPECIFY) BURIAL	MOVAL	236. DATE 03-14-		LOUDON		CEMETERY		ORE CIT		STATE
DHMH - 16 50M 1/76 (VR A 15 (4))		INERAL DIRECTOR BARD FUNERA	L HO	ME, INC	ADDRESS C. 4107		21229 S AVE.	250 DATE	REC'D. BY REGISTR	9 REG	RAR'S SIGNAT	Credy

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bley 2822 Right reform Rd	216-24-0619 Anna Rus	0//
War San	HELD APPLICATION OF	
	UT OF BUILDINGS	
Ple. Dalcimore County, 16	3/21/79 Jing Kemoricl	Burlel
THE AND STREET AND STREET	Funeral /H 1101 F. North	Nm. C. March

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06458 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME JOHNSON LAST 20 DATE OF DEATH (TYPE OR PRINT) 79 SHIRLEY L. MCKINNEY MARCH 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 6 MONTH 18DAY DAYS HOURS Female. Black. 27 51 To BIRTHPLACE STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY S. WIDOWED DIVORCED | BALTIMORE CITY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CVE Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 THE JOHNS HOPKINS HOSPITAL STORE OF THE USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore 2505 Edmondson Ave. Md. YESX I NO 10 . FATHER'S NAME 15 MOTHER'S MAIDEN NAME 極端 Os FIRST MIDDLE MIDDLE Cornwell Johnson Sallie Lewis ADDRESS 16h SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES - NO POR UNKNOWN) (IF YES, GIVE WAR OR DATES) 247-36-0938 Virginia Johnson 262 Robert St. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Resouratory imothiciency 15min IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Iwanth Conditions, if ony, which myscular sanalysis gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF 1 2000 underlying cause last multiple myeloma PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART. 1(a) CERTIFICATION NOWE 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T NO F 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE PT march 111 19 79 220.1 certify that (1) (this hospital) attended the deceased from San sow the deceased alive an when 11 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death. 22h SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF TO FUNERAL I M.D. 3/11/79 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS James L. Abbru 27ese Johns Hopkins Hospital 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIF Burial Baltimore County, 3/16/79 Md. King Memorial Pk. 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) Wm. C. March F/H 1101 E. North Ave.

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Cornwell	Sellie	Johnson		eiwo.
Johnson 262 af rt 81.	. alakeriv	07-35-0038		674
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Wm. C. Verch P/H 1101 F. North Ave.

Modurnin, (miles) er. Baltimore at 2106 M. Calvert St. , hM DiddaH 243-28-2970 Tec McMurrin 2213 Mr. Holly St. . . . Wn. C. Yarch F/E 1101 1. More's av. . When the state of t

V.					FMARYLAND				
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e 4 ma ctar, po rs after c	3 SE	female	NEGRO NEGRO	5. DATE OF E	25 1894	6 AGE (IN YEARS LAST BIRTI	3 YRS. MON	Z DAYS	IF UNDER 24 HRS HOURS MIN
0		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED WIDOWED	NEVER MARRIED	BALTIMORE CITY O			MD
notified /2	10 0	TY OR JOWN OF DEATH	11. NAME OF HOSPITAL, NU		0	TOUSE OF	F WORKING LIFE	126. KIND OF INDUSTRY	BUSINESS OR
BALTIMORE, MARYLAND 2120 cate be executed within 24 houn systican and completely filled in opers. Pages 1 and 2 should be vool. 11, the medical examiner must be no	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN		7	I INSIDE CITY LIMITS?	13e. STREET ADDRESS	lohis	v 5	f
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requires on signed Then plant to burner injury, a	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR COND	OITION GIVEN	IN PART 1(a)	
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SICIAN: T ng physici certificate viral-transi ental Hygs item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	ic. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir cattending physician. Wet this certificate been signs the burial-transit permit. Then th and Mental Hygiene prior to b corked or Item 18 shows any injury	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		f LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2n DATE OF DEATH (TYPE OR PRINT) poge 3 HENRY R. MCOUEEN MARCH 23, 1970 9:38p.M 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX RACE 5 DATE OF BIRTH Male Black 1902 76 To BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED O. CITY OR TOWN OF DEATH OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE MARYLAND GENERAL HOSPITAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 633 N. Aisquith St. filled hould h Md. 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 18H YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Bethea Lula McQueen Mae Henry ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Apt. 18-H (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 42-14-6563 Margaret McQueen 633 N. Aisquith APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY CARDIO-RESPIRATORY FAILURE 10 MINUTES IMMEDIATE CAUSE to ACUTE RENAL FAILURE Conditions, if ony, which gave rise to immediate couse (o), stoting the SMALL BOWEL OBSTRUCTION and INFARCTION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED In DATE OF OPERATION Small Bowel Infarction was performed 20a AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? be 3/20/79 Obstruction NOIX YES [buriol-trons Mentol Hyg 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH DAY MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK March March 24 220.1 certify that (this hospital) attended the deceased from, sow the deceased alive on March and that in (our) opinion death accurred on the date and hour and from the causes stated above, A (we) (did) XX Xot view the body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF should be dete with the Stote FUNERAL DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS C/O MARYLAND GENERAL HOSPITAL PRADTPTA PATNATK 23g. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Burial Westview Cemetery Catonsville Md. BP. DHMH - 16 60M 1/75 1101 E. North Ave. "C. March F/H (VRA 15 (4))

STATE OF MARYLAND

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Gonce 4001 Ritchie Highway

FOR

REGISTRAR

- STATE

(VR A 15 (4))

George J.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06463 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO ALIDDI F LAST I. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) MARGIE MEEKER MARCH 11:124 K. poge r 3 SEX 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONITH DAY YEAR MOURS FEMALE WHITE 09 26 22 56 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED K COUNTRY BALTIMORE KANSAS WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING 18FE) INDUSTRY BALTIMORE ASSEMBLY WORKER UNKNOWN PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21237 13a. STATE COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTIMORE 2000 ODELL AVENUE, APT. 1608 ROSEDALF YES [NOX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE MOSES RUSSELL MEEKER RUTH B. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT MARTINEZ. ADDRESS CALIFORNIA 94553 (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 443-14-6419 NEVA E. SWEARENGIN. 2125 SCENIC AVE. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
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BP DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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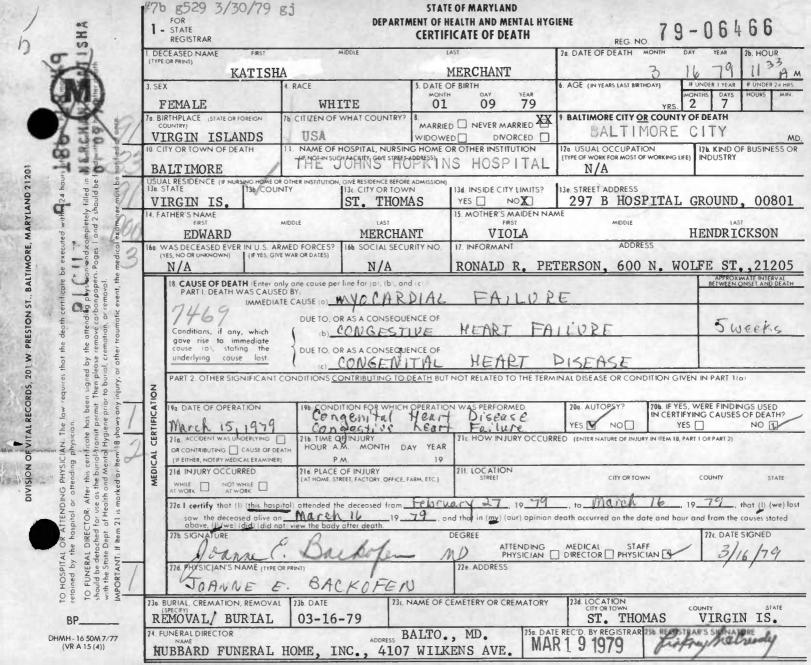
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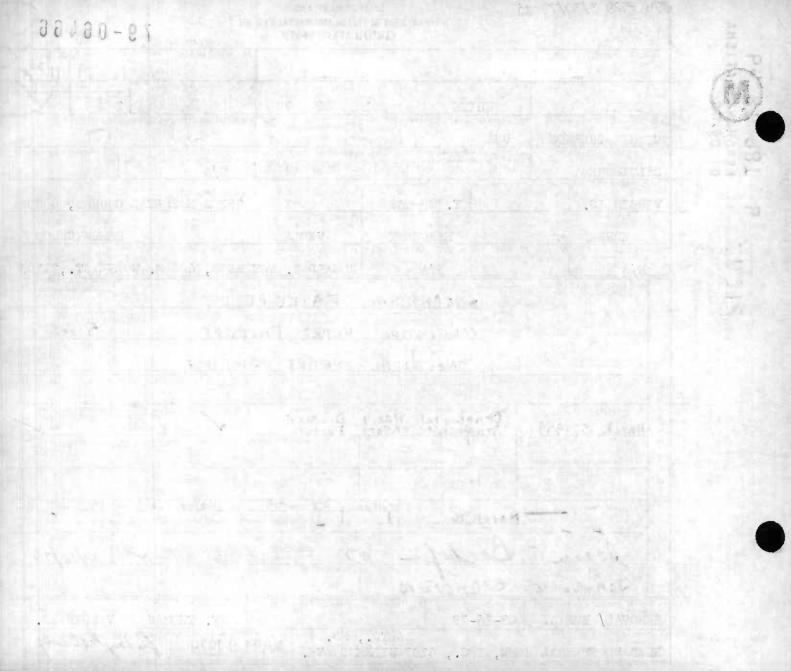
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NOT O REGISTRAR 20 DATE KNOWN DECEASED NAME CTYPE OR PRINT! OF ESTI-510 Miller. Dorothy Meleows IF UNDER 1 YR. DATE IF UNDER 24 HRS 2c. DATE LAST SIRTHDAY PRONOUNCED female black 79 DEAD a. 29 6 49 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH 78. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED DIVORCED Ala. HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION LTYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore 2254 Brookfield Avenue USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2254 Brookfield 13d. INSIDE CITY LIMITS? Md. 13b. COUNTY Baltimore YES X NO 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE FIRST McKelrov Fannie ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7. INFORMANT DIVISION (YES, NO. OR UNKNOWN) 417-32-0387 2254 Brookfield Robert Reid No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute and chronic pneumonia DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES X E 3 SHOULD BE E DEPARTMENT (PRIOR TO BURIA 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME ZII. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY 22s. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion Accident Homicide Undetermined monner Notural couses 3/5/79 Assistant DATE TO MEDICAL E
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TO FUNERAL D
AFTER DEATH, 1 MEDICAL EXAMINER EXAMINER'S NAME Dr. Virginia L. Dolan ADDRESS 111 Penn Street, Balto., MD 21201 (TYPE OR PRINT) 236 NAME OF CEMETERY OR CREMATORY Anne Arundel County, Mt. Calvary Cem. Burial 25s DATE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **DHMH-17** C. March F/H 1101 E. North Ave. (VR A15 ME (5)) 15M 7/76

STA"E OF MARYLAND

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OR ATTENDING PHYSICIAN: The low requires the hospital or outending physicion. OR ATTENDING PHYSICIAN: The low requires the hospital or outending physicion. OR ATTENDING PHYSICIAN: The low requires the hospital or outending physician hospital physician prior of the hospital physician prior to burial. Bebt. of Health and Mental Hygiene prior to burial. If them 21 is marked or them 18 shows any injury, or or the physician p	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 22a.1 certify that (I) (this hospi sow the deceased alive an above. (I) (we) (did) (did no 22b. SIGNATURE	HOUR A. P. 21e. PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	19 ARM, ETC.) 3	211. LOCATION STREET 211. LOCATION STREET 20. 19 d that in (my) (our) opinion of the company o	city on tow , to 333 death occurred on the do	N CO	DUNTY	
TO HOSPITAL (retained by the TO FUNERAL should be detal with the State [IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE O	HAR	AWIC	,,,,	PHYSICIAN [220. ADDRESS	DIRECTOR PHYSIC	IAN		4 119
0602 BP	L	BURIAL CREMATION, REMOVAL	4.0			NS OF FAITH		150, COUNT	ÍD.	STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	1	UNERAL DIRECTOR	- 233	VODREO 1	2110	ST. 250. DATE	REC'D. BY REGISTRAR	756. RADISTRAR'S	STENATUR	tody

18-06467 DESIGNATION OF THE SECTION THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF MOUSE HOLL SAM SHEET HOLD THE STREET DI MORE MERCHANISM VINE OF STATE ROTERS - - 18 18 MILLION OF STATE HILL AT 30 WHAT ARE THE SERVICE

STATE OF MARYLAND

88/80-81

/	1.	FOR		D	EPARTA	STATENT OF		ARYLAN		IYGIEN	E					
5	1-	STATE REGISTRAR		MED	ICAL E	XAMIN	ER'S C	ERTIFIC	CATEC	F DEA	TH	REG.	NO. 7	9-1	164	69
(Aa)		CEASED NAM	E FRST		MIDDLE		77.18	AST			20. DATE I	KNOWN		TH DAY	YEAR	2b HOUR
1000	(1)	PE OK PRINT)	FRANK	An	ders	on	M	ICKEY			DEATH	ESTI- MATED	□ 3	3	1979	
SARY, PLEA N. DIRECTO YOUR FILE NN 72 HOU TON STRE	3. SE	nale	4. RACE black	5. DATE OF BIRTH	YEAR 23	LAST BIRTHD	AY) MONTH		IF UNDER		2c. DATE PRONOUN DEAD	CED	MONT	TH DAY	19 79	9:00
CESSARY NERAL DII FOR YOU WITHIN 72 PRESTON	7a. B	IRTHPLACE (S	TATE OR	76 CITIZEN OF WHA			1		VER MARR	IFD []	9 BALTIM	ORE CIT				1P. ^
W ¬ > ./	5 "	Baltin	nore, Md	. U. S	. A.		WIDOW		DIVORC		Balt:	imore	a Cit	У		JAA
LAY IS O THE PAGE E FILED		ny or town Baltimon		11. NAME OF HOSP Loch Rave					TION		AL OCCUP		TYPE OF WOR	RK 12b K	CIND OF BU OR INDUST	JSINESS RY
F AND 3 TO SHOULD BE SHOULD BE I RECORDS.		AL RESIDENCE STATE Mary 1	136. COUN'	ROTHER INSTITUTION, GIVE TY	13c. CITY O	OR TOWN			NO [ET ADDRE		rth	Aver	nue	
O HOY	14. F	ATHER'S NAME		MIDDLE	1	AST			ER'S MAIDI			IDDIE			LAST	
RE, MD	-	Dock			Mic	key		J	enni	e				Moo	re	
0 0 0 0	160.	YES, NO, OR UNKNO		WAR OR DATES)	5000	AL SECURIT		17. INFOR				ADDRE		dah		D -
BALTIMO		Yes	WW			-14-	1013	A1	ice :	Patt	erso	n s	trou		APPROXIMAT	Pa
	- 3			y one cause per line f			LIOIT	TDC						861	TWEEN ONSE	ET AND DEATH
301 W. PRESTON ST., I CUTED WITHIN 24 HOU IN PENCIL IN 17EM 19. I EXAMINER ALONG V RIAL-TRANSIT PERMIT, J. OR REMOVAL.		9/1	IMMEDIAT	E CAUSE (a) MUI				פתוּ								
THIN IL IN NSIT NSIT			ns, if ony, which	(4.5												
OT W. PRI JTED WITI N PENCIL EXAMINE SIAL-TRAN MENTAL OR REMO		couse (o	ise to immediate) stating the <u>under-</u>	DUE TO, OR A	AS A CONS	SEOUENCE	OF.				F100	Ne s				
XECUTED WITHIN G". IN PERST CALE WITHIN G". IN PENCIL IN CAL EXAMINER AND MENTAL TRAND MENTAL TRAND ON, OR REMOVAL		lying con	use lost.	(c)												
SX XX XX	z	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	UT NOT RELAT	ED TO THE TERM	INAL DISEASE	OR CONDITIO	N GIVEN IN PA	IRT 1 (a)						
FALRECORD HOULD BE E TO "PENDIN" HEF MEDIC USED AS A OF HEALTH AL, CREMATIC	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDITI	ON FOR V	VHICH OPER	ATION W	AS PERFOR	RMED?			May 1		20	AUTOPSY	?
VITAL RISHOUL CORD "PICE CHIEF BE USED UT OF HE	H	100													YES 🔀	NO 🗌
CERTIFICATE SHOOT THE WASTE TO THE CHAST SHOULD BE UDER ABOUND BE UDER ABOUND BE USE ARRANTON TO BURRAL		UNDERLYING	AL CAUSE WAS	21b. TIME OF HOUR ★ ★.		DAY YEAR		W INJURY	OCCURRE	ED (ENTER)	VATURE OF INJ	IURY IN ITEM	A 18 PART 1 O	R PART 2)	11/7	
SION NG TH NG TH SHOU	WEDICAL	CONTRIBUTI	NG CAUSE OF	DEATH 8:00P.M.	3/:	3 19 7	9 sta	abbed	duri	ng ar	gumer	nt				
CERTI TING DED T S SH DEPA	MED	WHILE		21e PLACE O STREET, FACTO	DRY, FARM, ET		5	ATION			CITY OR TO			COUNTY		STATE
E. THIS F. WRI RWARE PAGE STATE		AT WORK	NOT WHILE	hospi	ital				nVetH	osp,	Balti	imore	3			MD
MINER: FICATE, BE FOR CTOR: H THE S AND, 21		22a. I cert	^	e of the remoins desc	ribed obov	re, held on	Autops		Inspectio	on L.	Inquiry	Ш	ond in my	y apinian		
MAIN BE ECT TH 1		death result	red from: //Noty	al couses .	Accident	, Su	icide		cide X.	Undet	ermined mo	onner				
EXAA E CERTI DULD E L DIRECH, WITH	9	ACTUAL	11/2	haw					specify)				DA	ATE .	3/4/7	9
ICAL THE SHC ERAL EATH	3	SIGNATURE	11		_		M.	KISST	Stant	MED	ICAL EXAM	AINER	SIC	SNED	5/4//	
TO MEDICAL E EXECUTE THE PAGE 4 SHOUT TO FUNEARY AFTER DEATH,	1	EXAMINER'S	NAME H	ormez R. (Guard	, M.D.		ADDRESS_	111	Penn	Stree	et, E	3alto	., M	D 212	201
PAGE AFTE	230.1	BURIAL, CREMA	TION, REMOVAL 2	3b. DATE	23c. N	AME OF CE	METERY O	CREMAT	ORY	23d. LC	CATION		1	COUNTY		STATE
806 BP		Burial		3-8-79	k	(ing	Memo	rial	Par	k	Balt	imon	re C	ount	cy,	Md.
DHMH · 17 (VR A15 ME (5))	24. 1	Wm C	. March	F/H 1°1°0°1	E.	Nort	h A37	6	MAR	C 1	1979	CR 25	intra	1/100	Crisoly	
15M 7/76	-			_ ,		11016	A		111711	U	1373		/		-	

18-96.69

York Road

(VRA 15, 4) 7/78

Balto.

Md.

STATE OF MARYLAND

Manager Teachers and the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR		DEPART		ICATE OF DEA		REG. NO.	79-01	6471
		CEASED NAME FIRST	13.72.74	MIDDLE		LAST		2a. DATE OF DEATH MONTH	OAY YEAR	26. HOUR P
			IARLES	В.	-	LLER		MARCH 16, 19		1:22 M
	3. SE)	m	4 RACE	W	5. DATE (OAY /	YEAR	6. AGE (IN YEARS LAST BIRTHDAY) VRS	MONTHS OAYS	IF UNDER 24 HRS HOURS MIN
5	7a. BII	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN O	F WHAT COUNTRY?	MARRIE	D NEVER MAR		BALTIMORE CITY OR COUNTY BALTIMORE C	TY OF DEATH	
2		BALTO	(IFNOT IN S	F HOSPITAL, NURSII UCH FACILITY, GIVE STREET JOHNS HO	ADDRESS)	OR OTHER INSTITU	m z t	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING CARPENTER	12h KIND C	OF BUSINESS OR
5	USUA 13e. S	AL RESIDENCE (IF NURSING HOASTATE 136/CC	AE OR OTHER INSTITUTION OUNTY	N, GIVE RESIDENCE BEFOR	E ADMISSIONI VN RIVE	A INSIDE CITY	LIMITS?	130 STREET ADDRESS	TON P.	K. LN
30	14. FA	WILLAME WILLAM	MIDDLE MI	LLER		15 MOTHER'S M. FIRST		KORMER	LAS	§1
2	(1	VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YES,	. ARMED FORCES GIVE WAR OR OATES		HHO!	BALBI	NA	MILLER	AB	ovE
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost	DUE TO,	OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU	ence of tim	SANCEY ON CAME	THE TERMI	INAL DISEASE OR CONDITION G	BETWEEN	MATE INTEVAL ONSET AND DEATH
2	AL CERTIFICATION	190 DATE OF OPERATION 2/10/79 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (# EITHER, NOTIFY MEDICAL EXAM!	196 CON O 216 TIME HOUR	DITION FOR WHICH DETERMINED OF INJURY A.M. MONTH D	OPERATION AY YEAR	N WAS PERFORM	ED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDING CAUSES	NGS USED
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLAC	P.M. E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC.]	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (1) (this h sow the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE	on 3/16	19		DEGREE ATTE	19 79	death occurred on the date and he MEDICAL STAFF DIRECTOR PHYSICIAN		
1		22d. PHYSICIAN'S NAME (TO	PE OR PRINT!	anner 1	M.D	220 ADDRESS	e Jos	hus Hopkins	Hospi	tal
	23a B	BURIAL, CREMATION, REMOVE BURIAL	VAL 236. DATE	20/79 5/	HAME OF C	EMETERY OR CRE	RT	23d. LOCATION CITY OR TOWN BALTO	COUNTY	STATE
	24 FL	UNERAL DIRECTOR	ELLY	30 0	mi	4 CE	250 DATE	REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNAT	Crandy

DHMH-16 20M (VRA 15, 4) 7/7B

17/80-8:

Part Agricultura

must be natified at ance

attending physician and completely filled in by the furnity tose carbon papers. Pages 1 and 2 shauld be filed within 72 stron, or removal.

afte

certificate be executed within 24 haurs

death

OR ATTENDING PHYSICIAN: The law

ar attending physician

retained by the haspital TO HOSPITAL

BP.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-06472

13a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MAR

	REGISTRAR	CE	KIIFICATE OF DEATH	REG. NO.	13 001.2
	DECEASED NAME FIRST	MIDDLE T	1:11 EQ	20 DATE OF DEATH MON	TH DAY YEAR 26 HOUR
3	SEX	RACE S. D	PATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
10	BIRTHPLACE (STATE OR FOREIGN 7)		ARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
10	CITY OR TOWN OF DEATH 1	NAME OF HOSPITAL, NURSING HO IF NOT IN SUCH EACHITY, GIVE STREET ADDRESS		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY
2 to	ISUAL RESIDENCE (IF NURSING HOME OR O 30. STATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS Y 13(CITY OR TOWN	SSION) 13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	ONERS PT ROL
30	ALEXARDER	Sherby	15. MOTHER'S MAIDEN NA.	MIDDLE	LIPKA
2 160	og. WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE W		NO. IN INFORMANT	THER SE	3005 OKLERS PT ROAD
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	/ /1// / / / /	+C ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if Dny, which	DUE TO, OR AS A CONSEQUENCE	of INTRACALL	DIAL BLEET	>
	couse (a), storing the underlying cause lost.	ANTHORNE TO THE PORT OF THE PO	\$0 CYTOPENIC	- PURPUM	2A
		ONDITIONS CONTRIBUTING TO DEATH	BRAL BUEG	4	
9	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPER		YES NO	D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
	OR CONTRIBUTING CALLES OF DEATH	21b TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN	IEM 18, PART I OR PART 2)
1	(IF ETHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	TC.) 211 LOCATION STREET	CITY CH JOWH	COUNTY STATE
	22a I certify that (1) (this hospito sow the deceased plive pn above, (1) [we] (did) (did not)			, to depth occurred on the date o	, that (I) (we) lost and hour and from the causes stated
	226. SIGNATURE Bons	C		MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 3/3/79
7	22d. PHYSICIAN'S NAME (TYPE ORF	GC A	220. ADDRESS		
23	30. BURIAL, CREMATION, REMOVAL	236 DATE 231 NAME	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

24. FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has be

een signed by the

DHMH - 16 50M 7/77 (VR A 15 (4))

19-05112 9718 PF 80 50 Michel 45.584 F.J3 THE STATE OF THE S CARDINE ARREST BUSINESS INTRACACOME RUSS THE PROBLEMENT PLANEMENT MUSICAL MUSICAGE ENERGY ENERGY Sierze Bardin LANGE BEEFE

FOR

- STATE

REGISTRAR

IN FUNERAL DIRECTOR

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

12b KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO.T

STATE

YES [

COUNTY

CQUNTY

BY REGISTRAR 256, REGISTRAR'S SIGNATURE

22c DATE #

18190-61 MARKET THE STATE OF THE STATE O 1975 - 1984 The later of the la The Barbara Control of the Control o And the second of the second o Comment of the Commen medical examine must be natified of oace.

MPORTANT: If Hem 21 is marked at Item 18 shows ony injury, or other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbonpape with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	_	0	6	4	7	5
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ROBERT BLAIR MILLER MARCH 25, 3. SEX 4. RACE White S. DATE OF BIRTH VIAR 3 3 12 67 12. SEX White S. DATE OF BIRTH VIAR 3 3 12 67 13. BIRTHPLACE _STATE OF FOREIGN TO CHINDRY TO COUNTRY TO COUNT	1 3	00	110										
DECEASED NAME 1851 MODIE LIST MARCH 25, 1979													
i	(TYPE	ROBEI	T9	BLAIR	N	MILLER		MARCH	25,	1979		6:20	OP.
	3. SEX	х	4 RACE					6. AGE (IN YEARS L	AST BIRTHOAY				
			Whi	.te				67			S DAYS	HOURS A	AIN
	70. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVERM	ARRIED [9. BALTIMORE C	ITY OR C	OUNTY OF D	EATH		
/			U.S	.A.				Balti	more	city	,		MD.
	10 CI	ITY OR TOWN OF DEATH				R OTHER INST	TUTION					F BUSINESS	OR
6	Ba	altimore				spital	- 111					at Ya	rd
	USUA 43n S	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION			124 INISIDE CI	TV LIANTED	12- STREET ADD	DECC	F1170 5			
6								27 Por	tshi	p Roa	d		
	14. FA				1,-1-			ΛE					
d				Mille	r			MIC	DLE				
7	16a V	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMAN	NT.	-	DDRESS2	7 Por	tsh:	ip Ro	ad
free .			TE WAR OR DATES,	212-07-	7213	Cathe	rine 1	E. Mill	er-B	alto.	MD	2122	.2
		18 CAUSE OF DEATH (Enter of	nly ane cause per	line for (a), (b), and	l (c 🕒			MET TO			BETWEEN	MATE INTERVA	ATH
				CARDIO	RESPI	RATOR	Y ARRE	EST					
6		2291	DUE TO O	P AS A CONSEQUE	NCE OF	100	72 Am	Clare .	11 5				200
		Conditions, if ony, which	,							37.75			
	7	gave rise to immediate	DUETO	P AS A CONSEQUE	NCE OF	Harri.				-11-11	PINC		
ĕ		underlying cause last.	(10)	K AS A CONSCOOL	NCE OI								
9			CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITI	ON GIVEN IN	PART 1(c	01	
	O.	MASS II	N RIGHT	UPPER I	PONG				G.				
1	CAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY	? 20	b. IF YES, WER	CAUSES	OF DEATHS	,
lin.	TIF			British H				YES NO			4710020		
7			110110 4		Y YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE (OF INJURY IN	ITEM 18, PART 1 O	R PART 2)		
	CAL		SAIN										
g	(ED)				RM. ETC.)	211. LOCATIO STREET	N	спу	OR TOWN	cc	YIAUC	STATE	
d	2	AT WORK AT WORK				1	* 7.0-	147	DOIL	25	7.0		
		22a I certify that (I) other has				TH 19,	, 19. 19	, toIVIA	KCH	23,19_	13	that (Cwe	last
		saw the deceased place of above. If we did did n	of) view the body	H 25, 19_	/9, ar	nd that in (my	our opinion o	death accurred an	the date o	and hour and	from the	causes state	d
9		226. SIGNATURE	10								DATE	SIGNED	
		/em/2	Colon	ly	h						725	747	
						22e ADDRESS	CHUI	RCH HOS	PITA	L COR	PORA	NOITA	
		PAUL E. G	ORMLEY,	M.D.		100						DM	
	23a. B	BURIAL, CREMATION, REMOVA SPECIFY)	L 236. DATE	23c. N	AME OF C	EMETERY OR C		23d. LOCATION	N	COUNT		STATE	
	(:	Burial	3/29/	79 Ga	rden	s of F	aith	Balti	more	2	Ma	aryla	_
	24 FL	UNERAL DIRECTOR Duda	-Ruck,	Inc	1,000	774	25a. DATE	REC'D. BY REGIS	TRAR 25	REGISTRARS	SIGNAT	URE	
	1	7922 Wise Av	enue, I		MD	21222	MAR	27 1979	1	7	000	7	

BP. DHMH-16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

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		di Tare		No.	ne dre	
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						3
while a second				1971		
		92-17				
[[19] [[1] [[1] [[1] [[1] [[1] [[1] [[1]						

After this certificate has been signed by the attending physicion and completely filled in by the funeral director, poess the build-transit permit. Then please remove carbonpopers. Pages I and 2 should be filled within 72 hours after

STATE OF MARYLAND FOR - STATE REGIS

CERTIFICATE OF DEATH

79-06476

1 DECEASED							and the same			
TYPE OR PRINT	NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	HTHOM	DAY	YEAR	26. HOUR
	Vincent	J	ohn	Mi	tchell Sr		3	27	79	1:30
3. SEX		4 RACE		S. DATE C	PF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UND	ERIYEAR	IF UNDER 24 H
N	ale	Whi	te	MONTH	25 1920	58		MONTHS	DAYS	HOURS MI
	CE ISTATE OR FOREIGN		WHAT COUNTRY?	9		9 BALTIMORE CITY	YRS		FATU	
COUNTRY)				MARRIE	NEVER MARRIED	1.				
	ort, Pa	US		WIDOWE		Balti		Cit		
10. CITY OR T	OWN OF DEATH		HOSPITAL, NURSIN CH FACILITY, GIVE STREET		R OTHER INSTITUTION	120 USUAL OCCUPA		LIFE) IN	KIND O	F BUSINESS
Ba	ltimore	Bal	timore Ci	ty Ho	spital	painte	er		G,M,	C
USUAL RESID	DENCE (IF NURSING HOME OF	OTHER INSTITUTION	, GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRES	5			
Maryl		*, ,	Baltim		YES X NO	1407 Broe	ning	High	way	
14 FATHER'S					15 MOTHER'S MAIDEN NA					
Ignat		MIDDLE M	icchell	7- 4	Mary	MIDDLE		v	ane	
	CEASED EVER IN U.S. AR		166 SOCIAL SECU	PITY NO	17. INFORMANT	ADI	RESS	•	WALC.	
(YES, NO OI	(IF YES, GIVE	WAR OR DATES)	CALL STORY		The state of the s					
yes	MM	11	200-07-7	343	Rose Mitche	11 1407 E	roen1			
18. CAI	USE OF DEATH (Enter or RT I, DEATH WAS CAUSE	ly one cause pe	r line for the line, and	d (c)	1.00	non-				NATE INTERVAL
FAI		E CAUSE (o)	19 400	19/21)	IDL INFA	RCTON		1	300	DEN
14	111-				TO A LINE OF					
		DUE TO, O	R AS A CONSEQUE	NCE OF						
	tions, if ony, which rise to immediate	(b)_								
couse	(o), stoting the	DUE TO. O	R AS A CONSEQUE	NCE OF				- 1		
under	lying couse lost.	((0)								
PART	OTHER SIGNIFICANT		ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CO	NDITION G	IVEN IN	PART lin	1
	1/ 4	PAR	(RNS(OA	1					, , , , ,	
19a. DA	TE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF Y	ES, WER	EFINDIN	GS USED
SF.	•						IN CER	TIFYING	CAUSES	OF DEATH?
E .		2 20 20 6			141 11011111111111111111111111111111111	YES NO		YES [NO 🗌
00.00	CIDENT WAS UNDERLYING THE	216. TIME C	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 1	8, PART I OF	RPART 2)	
	ER, NOTIFY MEDICAL EXAMINER)	in .	Μ.	19						
21d. IN	JURY OCCURRED		OF INJURY		211 LOCATION					
₹ WHILE	NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR T	OWN	COI	VINIA	STATE
111111111111111111111111111111111111111							1			
AT WOR	AT WORK		1		1/10	4	1	_ ~	76	
AT WOR	ertify that (1) (this hospi	2/1	ne person sed from_		16 19 7	¥, to 7	ps	, 19		
279 1 c	ertify that (1) (this hospi	7/4	2/18 19	, on	d that in (my) (our) opinion	deoth occurred on the	dote and h			
220 I c	ertify that (1) (this hospi	7/4	2/18 19			deoth occurred on the	dote and h		rom the c	ouses stoted
220 I c	ertify that (1) (this hospi deceased alive on ave, 11 (who) (1001) (did no	7/4	2/18 19		DEGREE ATTENDING		dote and h			ouses stoted
220 1 c	ertify that (1) (this hosping deceated alive an over, 11 (who) (will) (did no GNA) URE	li view the body	2/18 19				AFF		rom the c	ouses stoted
220 1 c	ertify that (1) (this hospi deceased alive on ave, 11 (who) (1001) (did no	li view the body	2/18 19		DEGREE ATTENDING	MEDICAL SI	AFF		rom the c	ouses stoted
220 I c	ertify that (1) (this hosping deceated alive an over, 11 (who) (will) (did no GNA) URE	li view the body	2/18 19		DEGREE ATTENDING ' PHYSICIAN &	MEDICAL SI	AFF		rom the c	ouses stoted
27a I c 27d PH	ertify that (1) (this hospi deceased alive on any 11 (and 1997) (did no any 12 (and 1997) (did n	li view the body	APLA	NMD	ATTENDING PHYSICIAN A	MEDICAL ST DIRECTOR PHYS	AFF	2	irom the co	ouses stoted
270 l c 270 PH 230 BURIAL, (SPECEY)	PATRON ACCEPTAN'S NAME (TYPEO CREMATION, REMOVAL	R PRINT	APLA 23ch	NM)	ATTENDING PHYSICIAN X	MEDICAL ST DIRECTOR PHYS	divar		irom the co	128/
27a l c	YSICIAN'S NAME (TYPE O	R PRINTS	APLA 23ch	NM)	ATTENDING PHYSICIAN A PHYSICIA	MEDICAL ST DIRECTOR PHYS	divay	COUNT	C. DATE:	ouses stoted SIGNED /
27a I co	YSICIAN'S NAME (TYPE O	R PRINT 23b. DATE 3/30	APLA 23ch	NAME OF CI	ATTENDING PHYSICIAN A PHYSICIA	MEDICAL ST DIRECTOR PHYS	divay	COUNT	C. DATE:	ouses stoted SIGNED /

DHMH-16 60M 1/73 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this should be detached for use as the bu

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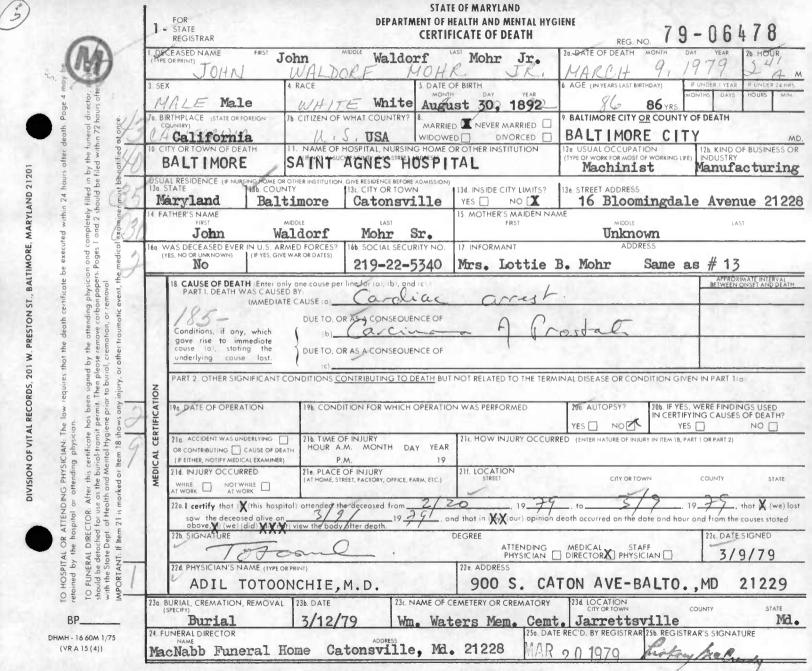
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Tochell Mary

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OR PRINT) - rank 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) S DATE OF BIRTH MONTH VEAR MALE WHITE DEC. 19. 1887 76. BIRTHPLACE ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEN X BALTIMORE CITY MARYLAND U.S.A WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS SINAI HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE CLAIMS J.S. POST OFFIC USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTIMORE BALTIMORE 7404 Sudbrook Road #21208 14 FATHERS NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE MOGOL ABRAHAM SARAH SWARTZ 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) MRS. LILA WEISMAN 7404 SUDBROOK RD. #21208 218-05-1132 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which neumonia gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 216 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ (our) opinion death accurred on the date and hour and from the causes stated obove (1) (we) (did)(did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 3-16-19 DIRECTOR PHYSICIAN PHYSICIAN FUNERA 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT, the 1TTO NO 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY (SPECIFY) BURIAL 3 - 18 - 79AITZ CHAIM BALTIMORE MARYLAND 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 6010 REISTERSTOWN RD., BALTO., MD. 21215 MAR

(VR A 15 (4))

STATE OF MARYLAND



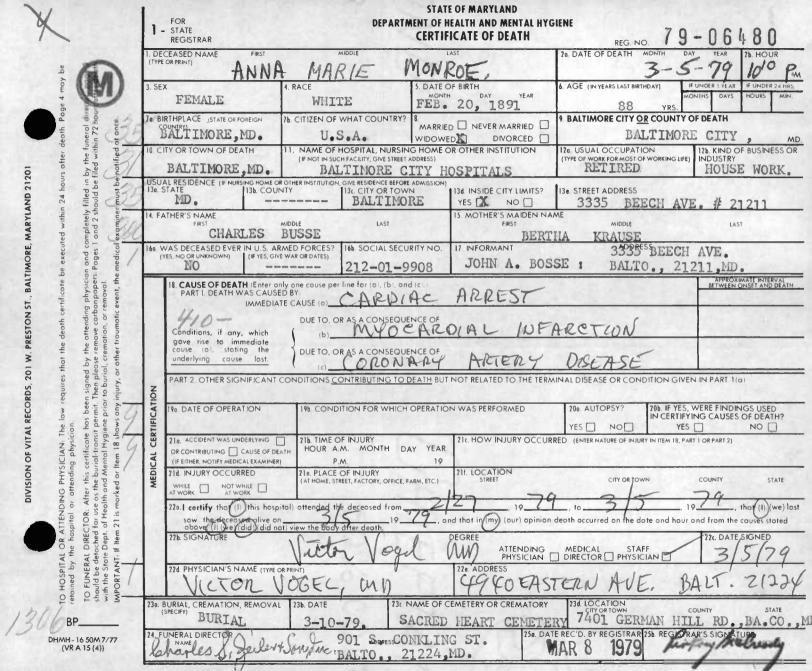
The series from Im most Nale Water Angust 30, 1092 Unliformia C. T. IMORE CITY RALTIMORE - SAINT AGNES MOSPITAL Minister Communication of the American Communication of the Communicatio . we said include and The second secon 900 S. CATON DVE-0110., NO 21229

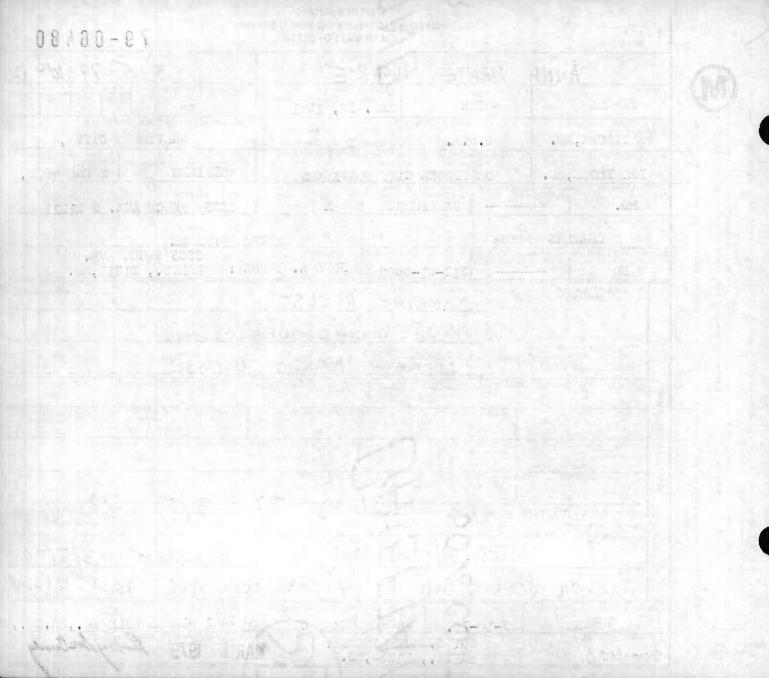
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DHMH - 16 50M 1/76 (VR A 15 (4))

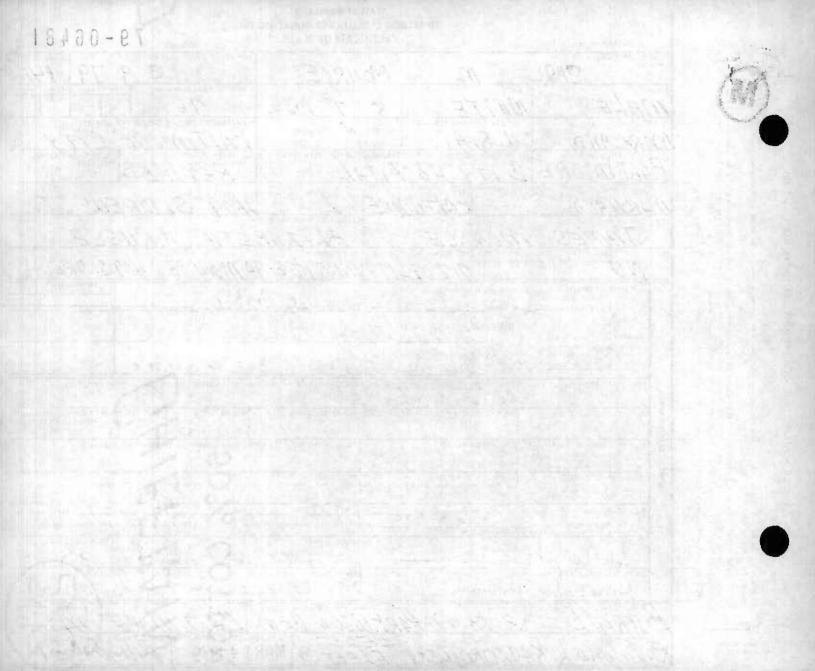
	ا لـ	FOR STATE REGISTRAR Darlen	E. Mone		MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE	REG. NO.	79	-06	479
		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF		H DAY	YEAR	26 HOUR
		DAR DAR		E.		NEYMAKER	XXX	3	2-2-	1979	21.10/KM
	3. SE	× ————————————————————————————————————	₩ hi	te		27,1946	6. AGE (IN YE.	ARS LAST BIRTHDAY)	MON YRS.	THS DAYS	HOURS MIN
25	7a. B1	RTHPLACE (STATE OR FOREIGN OUNTRY) Md.	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMOI	RE CITY <u>OR</u> CO	UNTY OF	DEATH	MD.
42	10 CI	Baltimore	11. NAME OF (IF NOT IN SUC Sinai	THEACHITY GIVE STREET	G HOME (OR OTHER INSTITUTION		OCCUPATION FOR MOST OF WORK	(ING LIFE)	126 KIND C INDUSTRY	F BUSINESS OR
36	USU/ 13a. S	AL RESIDENCE (IF NURSING HOM STATE 13b CC Md.	OR OTHER INSTITUTION	Baltimor	ADMISSION)	13d INSIDE CITY LIMITS? YES NO [130 STREET A	E. Bel	veder	ce Ave	enue
360	14. FA	THER'S NAME ITVIN	MIDDLE	Jett		15. MOTHER'S MAIDEN NAME FIRST Thelma	ME	MIDDLE		ricoi	T
1		VAS DECEASED EVER IN U.S. (25, NO OR UNKNOWN) (1F YES,	ARMED FORCES? GIVE WAR OR DATES)	219-42-5		Mr. Irvin H.	Jett	ADDRESS Same			
		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU IMMED	only one cause per ISED BY: IATE CAUSE (0)	rline for ios (b) one Melast	- 1-	Carcinome of	Bladde	1		APPROX BFTWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, it any, which gave rise to immediate	DUE TO, O	R AS A CONSEQUE		Lung, Pleurs.	Rib 4	Brain		Jan 19	78.
		couse 101, stating the underlying couse last	DUE TO, O	r as a conseque	NCE OF	· ·		P. Lat			
	NOI	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITIO	N GIVEN	IN PART 10) 1
2	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTO	PSY? 20b.	IF YES, W CERTIFYIN YES		IGS USED OF DEATH? NO []
9	AL	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.	DE INJURY M. MONTH DA M.	Y YEAR	SIC HOW INJURY OCCURE	RED (ENTERNAT	URE OF INJURY IN ITE	EM 18, PART I	OR PART 2}	
	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE		ARM, ETC.)	211. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
H		22a. I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (dia			9 01	, 19 77 and that in (my) (pur) opinion (to 3	22 on the dote on	19_ nd hour or		that (1) (we) last couses stated
	ķ.	22b. SIGNATURE	s; qui	Charan	MA	GOTT ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN {	3	3/27	SIGNED
1		22d. PHYSICIAN'S NAME (TY	A	AD HAR Y	9017	Sivai Ho	jetter.	Baltinese			
	23a. B	BURIAL, CREMATION, REMOVE BURIAL		6,1979 Mo		emetery or crematory d Mem.		tion Ltimore	COL	YTAL	STATE Maryland
		INERAL DIRECTOR		ADDRESS			E REC'D. BY RE	GISTRAR 25b. R	1	R'S SIGNAT	0
		Leonard J. Ruc	K Inc. B	altimore,	Mary	land	R 271	9/9	- July	7/100	norty .

21191-61			To survivate il	a meist
	No.			
		1205, 521	6323	
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STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR - STATE REGISTRAR			HEALTH AND MENTAL HYC FICATE OF DEATH	REG. NO.	79-06482	2
И		CEASED NAME FIRST	MIDD	LE .	LAST	20 DATE OF DEATH MONT	H DAY YEAR 2b. HOU	JR
		John	600 file	P-000 000 000	Monti	3	21 79 8:1	L AM
	1. SE	MALE	A RACE WHITE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		
7	Ì.	RTHPLACE STATE GEFOREGE BLACKER Laly	76 CITIZEN OF WH	MARRIE WIDOW		9. BALTO. CITY BALTO. CITY		MD.
0	5	ITY OF TOWN OF DEATH		PITAL, NURSING HOME (CILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	126 KIND OF BUSINE	ESS OR
	MSD.	AL RESIDENCE INHUMBING HOME OF	OTHER INSTITUTION, GIVE	ES HOSPITAL.		RETTRED R	igged NONE	
5	Tlu. 5	1011)	LTO.	CO	13d INSIDE CITY LIMITS?	3000 Illion	is Ave.	
10	14. FA	Antonio	WIDDLE	Monti	15 MOTHER'S MAIDEN NA	MIDDLE	Unknown	
7		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	Pro- Landau Land	
		Yes W.W	. 2	218-22-6629	Ron Monti. 1	06 W. Univers	ity Pkwy. Balt	ьм.
	Z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT ((c)	A CONSEQUENCE OF	Coornay NOT RELATED TO THE TERM	in suffice '	IN GIVEN IN PART 1(0)	
7	CERTIFICATION	THE DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES \(\)	TH?
7	-34	TIO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	216 TIME OF IN HOUR A.M. P.M.	JURY MONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT		
	MEDICAL	NHILE OF HOT WHEE OF WORK AT WORK OF AT WORK	21e. PLACE OF I	NJURY FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TOWN	COUNTY ST.	TATE
		220.1 certify that (1) (this hospi sow the deceased alive on (1) (we) (did) (did no	3.1.	2 - 1974	nd that in (my) (aur) opinion	death occurred on the date or	, 19 , that (I) (wand hour and from the couses sto	,
		THE SIGNATURE	Gunde		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/2/.79	
1	/	7. KUDIR			3927 Am	repuls Rl	Bult md.	
(23E E	Burial	23b. DATE Mar. 23. 1		EMETERY OR CREMATORY	23d LOCATION CITY OR JOHN VIEN DURNIE.	A. A. Co. Marula	nd.

Mc Willy Funeral Home, 130 E. Fort Ave. Balto. Md.

DHMH - 16 60M 7/73 (VR A 15 (4))

MAPORTANT: If Hem 21 is marked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-16483

	REGISTRAR								REG. NO).		_	
	EASED NAME OR PRINT)	FIRST		MIDDLE	MOOF	RE LAST	MILE	20. DATE OF		MONTH 3	DAY 18	YEAR 79	26 HOUR
3. SEX	Male	4	RACE Black	c		E OF BIRTH	1900	6 AGE (IN YE	ARS LAST BIRTH	-	IF UND	ER 1 YEAR	IF UNDER 24
7a BIR	N. C.	OR FOREIGN 71	U. S		MARI	2525	R MARRIED DIVORCED	9 BALTIMO BAL	RE CITY OF	COUNT	TY OF DI	EATH	
В	SALTIMORE		(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	E OR OTHER IN		12a USUAL ((TYPE OF WORK				KIND O	BUSINESS
USUAI 13a ST	IL RESIDENCE (IF)	IURSING HOME OR O	THER INSTITUTION	GIVE RESIDENCE	RTOWN		E CITY LIMITS?	13. STREET	ADDRESS Kel	way	Rd.		
14. FAT	THER'S NAME FIRST	MI	DDLE	LAS	51		er's maiden na perst nie	ME	WIDDLE		Mod	LASI Dre	
	AS DECEASED EN				09-665		mant arv Gra	av 52	ADDRES		av B	d.	
10	436-	IMMEDIATE		R AS A CONS	SEQUENCE OF	Carci		1					
		ny, which immediate of the use lost	DUE TO, O (b) DUE TO, O (c) DINDITIONS CO	R AS A CONS	SEQUENCE OF	UT NOT RELAT	TED TO THE TERM						
	gove rise to couse (a), st underlying ca	ny, which immediate of the use lost	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 196. COND	ONTRIBUTING	SEQUENCE OF			200 AUTO		20b. IF YE	ES, WER	E FINDIN	GS USED
CERTIFICATION	gove rise to couse (o), st underlying co	ny, which immediate atting the use lost. IGNIF CANT CO	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 196. COND	ONTRIBUTING	SEQUENCE OF G TO DEATH B WHICH OPERAT	UT NOT RELAT	FORMED OCCUR	200 AUTO	PSY?	20b. IF YE IN CERT Y	ES, WERI	E FINDIN CAUSES (GS USED OF DEATH
MEDICAL CERTIFICATION	gove rise to couse (o), so underlying couper (o). PART 2 OTHER S 190 DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M 21d. INJURY OCC.	ny, which immediate at the core lost lost lost lost lost lost lost lost	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 196. COND 216. TIME O HOUR A. P. 21e PLACE	R AS A CONS	SEQUENCE OF G TO DEATH B WHICH OPERAT	UT NOT RELAT	FORMED INJURY OCCURE	200 AUTO	PSY?	20b. IF YE IN CERT Y	ES, WERI IFYING (YES , PART 1 OR	E FINDIN CAUSES (GS USED OF DEATH!
MEDICAL CERTIFICATION	gove rise to couse (o), and of the couse (o). PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M 21 WORK AT YORK	ny, which immediate of the property of the pro	DUE TO, O (b) DUE TO, O (c) DUE TO, O (c) 198. COND 198. COND 218. TIME O HOUR A. P. 21e PLACE: [AT HOME, STE	DNTRIBUTING ONTRIBUTING ITION FOR W IF INJURY M. MONTH M. OF INJURY REET, FACTORY, O e deceosed f	SEQUENCE OF G TO DEATH B VHICH OPERAT H DAY YEA L DEFICE, FARM, ETC.)	UT NOT RELAT	TION TION 19 19 ATTENDING	200 AUTO YES TRED (ENTER NA) , to depth occurred	PSY? NO DE TURE OF INJURY CITY OR TOWN d on the doi	20b. IF YH IN CERT Y IN ITEM 18,	ES, WERRIFYING (YES , PART I OR COL , 19 Dour and f	E FINDIN CAUSES (PART 2)	GS USED DF DEATH! NO STATE
MEDICAL CERTIFICATION	gove rise to couse (a), a underlying couse (b), a underlying couper (c) and a underlyi	INV, which immediate at the cose lost lost lost lost lost lost lost lost	DUE TO, O (b) DUE TO, O (c) NDITIONS CC 2 PS 196. COND 216. TIME O HOUR A. P. 21e PLACE (AT HOME, STI	FINJURY M. MONTH M. MONTH M. MONTH M. Getter depath.	SEQUENCE OF G TO DEATH B VHICH OPERAT H DAY YEA L DEFICE, FARM, ETC.)	UT NOT RELATION WAS PER 21c. HOW 21f. LOCA STRE	TION TION TION THE TION	200 AUTO YES RED (ENTER NAI , 10 deoth occurre MEDICAL DIRECTOR	PSY? NO DE TURE OF INJURY CITY OR TOWN d on the doi	20b. IF YH IN CERT Y IN ITEM 18,	ES, WERRIFYING (YES , PART I OR COL , 19 Dour and f	E FINDIN CAUSES (PART 2)	GS USED DF DEATH? NO STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

March F/H 1101 E. North Ave.

	STOOK.	· 8 30m	3,4.30
79	2 22 750	Black	Male
ALLINOR CLLA	vv	U. S. A.	N. C.
206 Krlway Rd.	2.) jil	lis ltime	Md.
Moore	Anak		
sy 5206 Kelway Rd.	est work Aprox Gr	212-0	oM

4517 PARK HEIGHTS AVENUE

FOR

- STATE

(VR A 15 (4))

LEWIS T. GWYNN

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-16484

		100	DIGITAL		
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	MONETAL SKIT)	[A COLUMN	A L L L
SHEET	GHILLER	LL.		Transfer we be	an mailtime
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OJILA BEEL TON, FIO		ال ، مناكرة ليمنا		II . Jik	THERM
	. THOLEW .	AR. GEORGE			04

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2b. HOUR KNOWN (TYPE OR PRINT) OF Gwen Moore DEATH MATED FUNERAL DIRECTOR. 5 FOR YOUR FILES. 5, WITHIN 72 HOURS W. PRESTON STREET, Gwendolvn 26 19 79 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 3. SEX IE UNDER 24 HRS 20. DATE LAST BIRTHDAY PRONOUNCED 27, 79 DEAD female. black. 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY New York Baltimore City U.S. DIVORCED E FILED, V IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 3500 Gelston Drive Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1755 Madison Ave, N. Y. 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE FIRST Louis Moore Rosaline Madison 16b. SOCIAL SECURITY NO. 17. INFORMANT MAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Radoldh Madison 3600 W. Lexington no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple stab wounds IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF JO BURIAL, YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY MEDICAL 19 79 3-26 found stabbed CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21e. PLACE OF INJURY (AT HOME 21d INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) 3595 Gelston Drive, Balto MD park area Autopsy X Inquiry 22a. I certify that I took charge of the remains described above, held on Inspection and in my opinion Homicide X TO FUNERAL DIRECTO
AFTER DEATH, WITH THE
BALTIMORE, MARYLANI Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 3/27/79 MEDICAL EXAMINER SIGNATURE IMORE, Hormez R. Guard, M.D. 111 Penn Street, Balto. MD 21201 EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY Pair Burial Lawn Cemetery **DHMH-17** Charles (VR A15 ME (5)) Rice P. 1300 Eutaw 15M 7/76

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20. DATE OF DEATH MONTH 1. DECEASED NAME YEAR 25 HOUR TYPE OR PRINTS JAHNARHE MOORE KARLENE IF UNDER I YEAR IF UNDER 24 HRS SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) YEAR HOURS NEC 76 70. BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COHNTRY WIDOWED DIVORCED [BALTIMORE CITY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY HorokE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 130 COUNTY 132 CITY OR TOWN. 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? É mal N DIGISIAN WILD WITHANNE YES IL NO I 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Morre Millietta ATRICIA 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT ADDMES (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY RDIORESPIRATOR hours AS A CONSEQUENCE OF PROBABLI Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CONGENITAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? oe. YES [NO T 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 20 1 certify that (1) (this haspital) attended the deceased fram MARCH MAREN saw the deceased alive an MARCH II and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death State Dept 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING -MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS old be BACKOFEN Ode 36. BURIAL CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE CITY OF TOWN BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 258. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 NAME (VRA 15 (4))

Winchester

(VR A 15 (4))

STATE OF MARY MAND

79-06487 E FEIGHOUS LERGEN

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N. C.

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Yes

Baltimore 1/26 N. Patter:

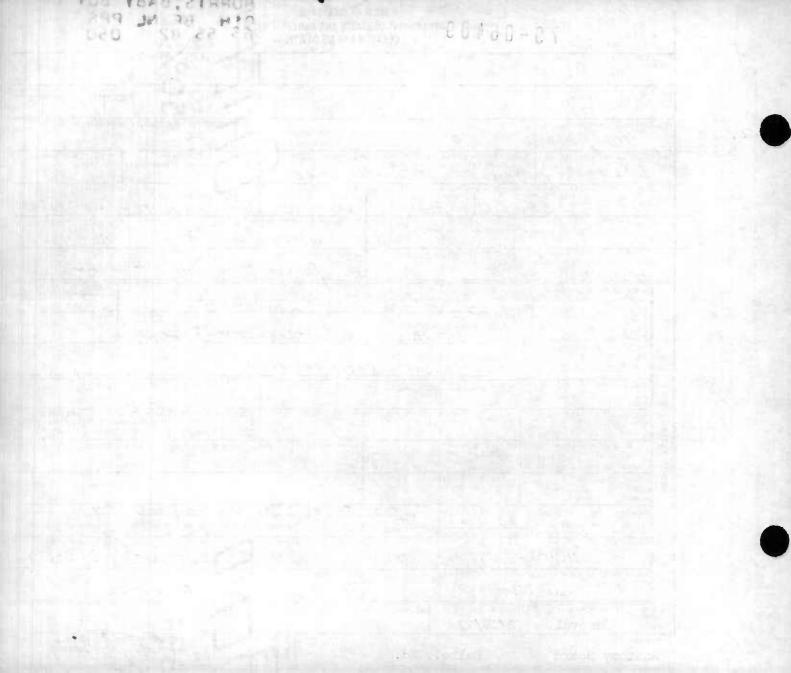
Baltimore

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				STATE	OF MARYLAND	MUMMIS,	M PPS	
	1.	FOR STATE REGISTRAR 7 9	- 06 4 8 9 DEPART	CERTIFI	EALTH AND MENTAL HYG	1645 55 8 REG. NO.	2 050	
2 C 4 E 5		CEASED NAME FIRST BABY	BOY	MOR	ist IRIS		MONTH DAY YEAR 21	SOP M
Appr. po	3 SE	× male	4 RACE	5 DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTI		UNDER 24 HRS OURS MIN
一 (影影		RTHPLACE ISTATE OR FOREIGN OUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWE	□ NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	MD.
10 14 14 18 18 18 18 18 18 18 18 18 18 18 18 18	10 C	BALTIMORE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET UNIV. OF	ADDRESS)	ROTHER INSTITUTION	12g. USUAL OCCUPATK (TYPE OF WORK FOR MOST OF		USINESSOR
tilled is	USU 13a	STATE COUN			13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	LLTON AVE	21217
MARYLAN ed with 2 mpletel ond 2 in dxomin	14. F/	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAME OF THE STATE OF THE		MORR.	100
BALTIMORE, cate be execut to opers. Pages 1 wol. it, the medical	16a. V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU	JRITY NO.	N.J. SUREJA	M.D. ZIN	SS IV. HOSPITAL	
DS, 201 W. PRESTON ST., BAI quires that the death certificate signed by the attending physici her please remove carbon paper to burial, cremation, or remaval. ijury, or other traumatic event, the	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEOU (b) NTRA DUE TO, OR AS A CONSEOU (c) SEVER CONDITIONS CONTRIBUTING TO	ENCE OF	LMONARY VIAL EINTRA (E REMATURIT NOT RELATED TO THE TERM	y.		
he low reloon. hos been to permit. I permit. I cane prior ows ony it	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir to attending physicion. After this certificate has been sig os the burnal-tronsit permit. There th and Mental Hygiene prior to b orked or frem 18 shows ony injury	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACAUSE OF DEA (HE EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	****	AY YEAR	21f LOCATION SIREET	RED (ENTER NATURE OF INJUR		STATE
TTENDI Spital or STOR: A for use of Heal	W	sow the deceased alive on above, (I) (we) and and	tal) attended the deceased from	19 , on			201, 19 79, the	ot (I) (we) lost uses stated
the efacth the Dill He be		22d. PHYSICIAN'S MAME THE		m.D	ATTENDING PHYSICIAN [MEDICAL STAP DIRECTOR PHYSIC		0/79
TO HOSPITA retoined by TO FUNERA should be d with the Sto	22.	N.J. Sug	EJA, on.D.	NAME OF C	ZINIV. OF	MS. HO	SPITAL	
60/ BP	(Removal	3/29/79 23c.	NAME OF CI	EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 7/77 (VR A 15 (4))		UNERAL DIRECTOR NAME Anatomy Board	Balto., M	id.	25a. DAT	4070	25b CE GISTRANS SIGNATUR	



DHMH - 16 50M 7/77 (VR A 15 (4))

event, the medical

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-06490

-1	REGISTRAR				REG. NO.			
	1. DECEASED NAME FIRST	WIDDLE	LAST	20.	DATE OF DEATH MONT	H DAY YEAR	26 HOUR	R
1	Ethel	Marie	Morrow		3/13/7	9	12	ann
	3. SEX	4 RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)			
4	F	W	Nov. 13, 18	91	87	YRS.	YS HOURS	MIN.
ſ	70 BIRTHPLACE STATE OR FOREIGN COUNTRY)	TE CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MA	PRIED 7	BALTIMORE CITY OR CO	UNTY OF DEATH		
5	Baltimore, Md.	USA	WIDOWED X DIVO	RCED [BALTIMORE (MD.
4	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE ST UNION MEMORIA		(TY	USUAL OCCUPATION THE OF WORK FOR MOST OF WOR Homemaker		D OF BUSINES RY	SSOR
5	USUAL RESIDENCE (IF NURSING HOME OR 136. STATE 136. COUN		OWN 134 INSIDE CIT	Y LIMITS? 13e	STREET ADDRESS 4 Upland Ro	ad		
0	14 FATHER'S NAME FIRST Walter Wes	ADDLE LAST	15 MOTHER'S /	ST	nna Nickel		EAST	
	160 WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL S WAR OR DATES)	ECURITY NO. 17 INFORMAN	T	ADDRESS			
	No		7954 D Mrs. A	nn M. Be	ond 312 Woo	dlawn Ro	ad	
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE		O THE TERMINA	il disease or conditio	ON GIVEN IN PART	1(0)	_
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196, CONDITION FOR WH	IICH OPERATION WAS PERFORI	COLUMN TO THE		IF YES, WERE FIN CERTIFYING CAUS		H?
7	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IFETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF	DAY YEAR 19 211. LOCATION	JRY OCCURRED	(ENTER NATURE OF INJURY IN IT			
)	270 I certify that (I) (his hasput saw the second district on above (I) we find and not the SIGNATURE	the body offer death	9_79_ ond that in (my) to	TENDING A	th occurred on the date of	224. DA		ve) last
	MARCKEN	M. 1955	- Ilus	12/ /11/14	li Hap-			
	230 BURIAL, MATION, REMOVAL Burial	3/16/79	Woodlawn Ceme		23d LOCATION / CITY OR TOWN Baltimore,	Md.	STA	ITE .
	24 FUNERAL DIRECTOR NAME MITCHELL-WIEDER	FELD HOME, ADDRESS		250. DW B RE		printeres A	State of	7

79-06490

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	A COLOR		
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ALTOHER - HIS TERRED BOME, INC. 6500 Fork Md.

1101 E. North Ave.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

Wm C. March F/H

DHMH - 16 50M 1/76 (VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 24 HR

HOURS

NO

STATE

STATE

DECEASED NAME T:SEX 4 RACE MONTH YEAR 0/ TO BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Ohio USA WIDOWED DIVORCED OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION MOBE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURS ING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimore Woodmoor 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE Siegfried Samuel Grace 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-28-7673 3504 Sedgemoor Rd., Baltimore, 18 CAUSE OF DEATH (Enter only one couse per line for 10), 1b1, and 10 PART I. DEATH WAS CAUSED BY phy Ancio EUT DUE TO, OR AS A CONSEQUENCE OF CARONVASCULAR DISTAGE HERCSCL BROTIC Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 2 22a. | certify that (1) (this hospital) attended the decoased from DEGREE ATTENDING PHYSICIAN | DIRECTOR | PHYSICIAN be de MPORTANT 22e ADDRESS 22d. PHYSICIAN'S NAME LTYPE OR PRINT should b 23r. NAME OF CEMETERY OR CREMATORY 23b. DATE 230 BURIAL, CREMATION, REMOVAL 3/12/79 Burial Lorraine Park Cem.

- STATE

REGISTRAR

2a DATE OF DEATH HOURS **BALTIMORE CITY OR COUNTY OF DEATH** 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker 13e STREET ADDRESS Braden Mrs. Henrietta Tyler MD 21207 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DAYS 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [CITY OR TOWN COUNTY STATE

20a AUTOPSY? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

and that in my (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNE STAFF

MEDICAL

Baltimore

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

24. FUNERAL DIRECTOR Loring Byers Funeral Directors, P.A. 8728 Liberty Rd., Randallstown, MD 21133

Woodlawn

23d. LOCATION

BY REGISTRAR 256. POGISTRAR'S 9 Tiskney Mc Cready

6	1-	FOR STATE REGISTRAR		DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. NO		6493	
1 21	1 DEC	OR PRINT) MARY	MIDDLE		mo	MACUNEN	(D3 14	1979 5: U	R COM
	3 SEX	temple.	NEGR		5 DATE C	DAY YEAR		YRS		MIN.
4 Month 12 M	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	U.S.	A .	WIDOWE		9 BALTIMORE CITY O	WE CI	M	MD
201 44 44 44 11 44 44 44 44 44 44 44 44 44 44 44 44 4	7	TY OR TOWN OF DEATH PANTOE AL RESIDENCE IF NURSING HOME OF	SIND!	HOSP I	DDRESS)	OR OTHER INSTITUTION	12g USUAL OCCUPATI		NOUSTRY	SS OR
LAND 21 har 24 h	130 8	THER'S WIME	NTY 13c	CITY OR TOWN	N	13d INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN N	AAAF		VEET U	217
E, MARY		Francis (AS DECEASED EVER IN U.S. AR	MED EORCES? LIA	SOCIAL SECUE	PITY NO	FIRST Ma	MIDDLE B	lair	LAST	
ALTIMORE, the be exercise scion and or self-rages alt the medical		ES, NO OR UNKNOWN) IF YES, GIVE	WAR OR DATES)				agens Rt.7		60A Wald	VI d
res that the death rentition by the attending the place remove contention buriel, cremotion, or remove.	Z	18 CAUSE OF DEATH. Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CAUSE.	DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUE	NCE OF	NOT RELATED TO THE TER.			minutes to	hrs
AL RECORE	CERTIFICATION	190 DATE OF OPERATION 3-12-1979	196 CONDITION		OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH NO	H?
DIVISION OF VITAL RECORDS DING PHYSICIAN: The low requi or offending physician. After this certificate has been sig e as the buriol-transit permit. They off and Mental Hygiene prior to b marked or item 18 shows any injur	MEDICAL CEI	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M.	MONTH DA	YEAR 19 ARM, ETC.)	211 LOCATION STREET	CITY OR TOW		OR PART 2) DUNTY STA	ATE
R ATTENDI hospital or RRECTOR: A hed for use ept. of Heal Item 21 is m		22a.1 certify that [1] (this base sow the deceased alive on above, (1) (and idid) what no 22b. SIGNATURE	14 MARC	death 19 7	1111	d that in (my) (apiniar DEGREE	MEDICAL STAR	te and haur and	from the couses star 22c. DAJE SIGNED	
TO HOSPITAL Cretoined by the TO FUNERAL D should be detected with the State D IMPORTANT: If		SETHUS IN	e report,	N ND		22e ADDRESS	S CANCE BA		rus	,
15.01 BP		URIAL, CREMATION, REMOVAL	3/19/79	231 N	t. P	eter Cem.		f, Char		-
DHMH - 16 60M 1/75 (VR A 15 (4))		dams Funeral	Home Aqu	asco,	Md	25a. DA	TE REC'D. BY REGISTRAR 2 1 1979	FIFT	Metrody	1

FOR

medical examiner must be notified at any

physician and completely filled in by the npapers. Pages 1 and 2 should be filled very

and Mental Hygiene prior m 21 is morked or them 18 shows any

should be detached for use os with the State Dept. of Health TO FUNERAL DIRECTOR:

MPORTANT: If he

HUBBARD FUNERAL HOME,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-16494

		REGISTRAR				CERTIF	ICATE OF D	EATH	REG. N	10.	004	O T	
		CEASED NAME	FIRST		MIDDLE	1	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	_
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3	3. SEX	•		4. RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
	F	EMALE		WHI	TE	07	24	87	9	1 YRS	MONTHS DATS	MOOKS MIN.	
9		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER A	AARRIED -	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
1		EW YORK		U.S	.A.	WIDOWE	DX DI	ORCED _	BALTIMORE				D.
	10 CL	TY OR TOWN OF DE	EATH		OSPITAL, NURSIN		OR OTHER INST	ITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST			OF BUSINESS OF	R
0		ALTIMORE			ILVER CRO		OME		HOMEMAKER				
10	130. S	AL RESIDENCE (IF NU TATE	136 COU		13c. CITY OR TOW		13d INSIDE C	ITY LIMITS?	13e. STREET ADDRESS				
		ARYLAND			BALTIMO	RE	YES X	NO 🗌	BROADVIEW	APAR	TMENTS.	21210	
	14. FA	THER'S NAME FIRST		MIDDLE	LAST			FIRST	MIDDLE		LA:	ST	
¥.		BERNAR			LANGNE			WANDA	R.	P.C.C.	KRY	GIER	_
,	16a V {Y	VAS DECEASED EVE	R IN U.S. AF	E WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17. INFORMA	NT	ADDR	E55			
		NO			217-03-8	3245	SILVER	CROSS	HOME, 5124	GREE			_
		18 CAUSE OF DEA PART I. DEATH	TH (Enter a	nly one cause per	Ceronary	dicti	wai an					MATE INTERVAL ONSET AND DEATH	_
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				(c)									_
	z	PART 2. OTHER SIG	GNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	ADITION GI	VEN IN PART 1	0)	
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2	FICA	196 DATE OF OPER	ATION	196. CONDI	IIION FOR WHICH	OPERATIO	N WAS PERFO	KMED		IN CERT	IFYING CAUSES	OF DEATH?	
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1		OR CONTRIBUTING		110110 1	M. MONTH DA	YEAR	711.11000	JOK! OCCORK	ED (ENIER NATURE OF INA	JKT IN HEM 18.	PARTION PART 2)		
	MEDICAL	(IF EITHER, NOTIFY MED		21e PLACE		19	21f LOCATIO	ON					-
	MED	21d. INJURY OCCU	WHILE		EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE	
		AT WORK AT V	VORK -	626		Mar	'ch	76	March		. 70	. v.v	
		220.1 certify that (II Abakana	March 7	e deceosed from	(0)		XX apprion d	leath accurred on the c	tote and he		that (I) (We) la	st
		abave, (I) (We)	(qiq) (४,३ ८०	March 7	ofter death.		DEGREE	(our) aprimon a		aore and ne		SIGNED	_
		226. SIGNATO	hill	1//1	Valuent	6	M D	TTENDING _	MEDICAL STA			3/79	
		22d. PHYSICIAN'S	NAAE (supe	4/1//	u-orteg	7	22e. ADDRES	PHYSICIAN _	DIRECTOR X PHYSI	CIAN		2117	_
1					- //					21 201	7		
					JR M.D				LING ROAD,	2120			_
	23a B	BURIAL, CREMATION SPECIFY)	N. REMOVAI				EMETERY OR		23d. LOCATION CITY OR TOWN		COUNTY	STATE	
	24.5	BURIAL	100	03-15	-79 MO	RELAN	D MEM.	PK.	HILLENDA REC'D. BY REGISTRAL		ALTO.	MD.	_
		UNERAL DIRECTOR			ADDRESS		21229	MAR	1 4 1979	Priorie	y//	locky	
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4107 WILKENS AVE.

INC.

DHMH - 16 50M 7/77 (VR A 15 (4))

atansco Avenue

Balto.

Mc Milly tuneral Home of Brooklyn

DHMH - 16 25M

(VR A 15 (4)) 9/74

STATE OF MARYLAND

2b. HOUR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

22c DATE SIGNED

tru Melrevoly

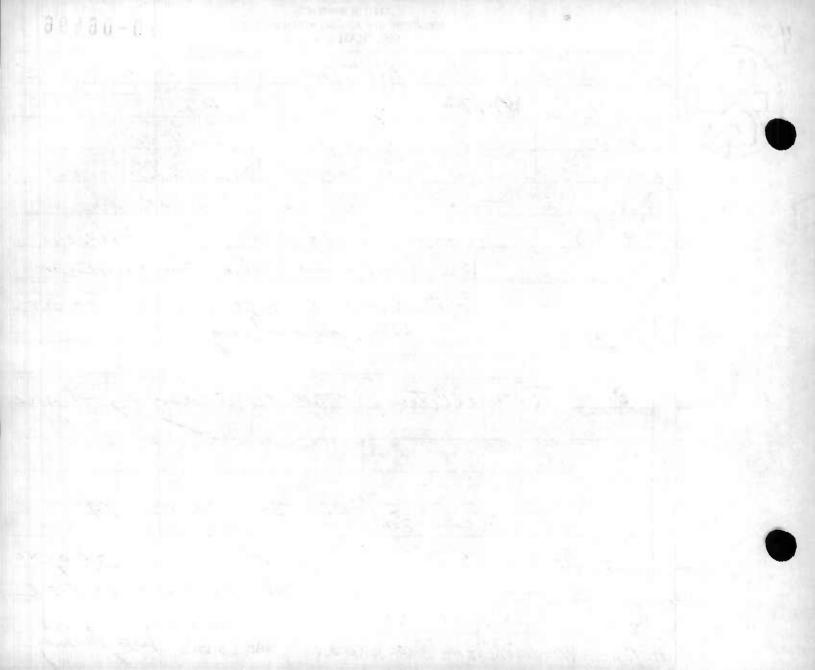
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IF LINDER 24 HRS

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STATE OF MARYLAND



PART 1 DEATH WAS CAUSE OF PERMITTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).		PE OR PRINT)			MIDDLE	LAST		20. DATE KNO	011.	H DAY YEAR 26 HC
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The Birthfrace SATHORE CITY OR COUNTY OF DEATH SOUTH CATODINA SATH MORE CITY OR COUNTY OF DEATH SOUTH CATODINA SATH MORE CITY OR COUNTY OF DEATH SATH MORE CITY OR COUNTY OF DEATH MORE CITY OR COUNTY OR COU				MONTH DAY	YEAR LAST BIRTHE	DAY) MONTHS		MIN PRONOUNCE		
Baltimore Union Memorial Hospital JUNION MEMORIA DE JUNION MEMORIAL ADMISSION MARKED HOSPITAL ADMISSION MARKED HOSPITAL DATE ADMISSION MARKED HOSPI	ا ج	OREIGN COUNTRY)	rolina	76. CITIZEN OF V	S. A.	WIDOWED	DIVORCE	Baltim	ore City	7
13. ATE Maryland 13. COUNTY 13. CITY OR TOWN 13. STREET ADDRESS 13. MOTHER'S NAME 13. MOTHER'S NAME 13. MOTHER'S MANDEN NAME 13. MOTHER'S	Ba	ltimore	e	Union M	emorial Hosp	pital	nstitution			OR INDUSTRY
TAUTHOR INDUST TAUTHOR MULLINS Sally Sally Snith Snith Sally Snith Snith Sally Snith Snith Sally Snith Snith Snith Sally Snith Snith Snith Snith Sally Snith Sn		STATE	13b. COUN		GIVE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Baltimor	re 13d		13e STREET ADDRESS 2221 Homes	wood Ave	enue
VES. NO. OR UNKNOWN (IF YES, GIVE WAR OR DATES) 216-62-9333 Luther Mullins 2221 Homewood Avenue		Luth	ner		Mullins		Sally	MIDDLI		Smith
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MAREDIATE CAUSE (a)	16a.	YES, NO, OR UNKNO				7/1				od Arrenne
DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT (ONOITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES EN NO 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 19 19 19 19 10 19 10 10 10		18. CAUSE C	EATH WAS CAUSE	D BY:	ne far (a), (b), and (c).)	-12.4	Luciel Mc	111115 2221	nanewoo	APPROXIMATE INTERVA
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an death resulted fram: Action Action Medical Examiner Medical		cause (a lying cau) stating the <u>under</u> use last.	DUE TO, C			CONDITION GIVEN IN PAR	T 1 (a).		
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an death resulted fram: Action Action Medical Examiner Medical	NO									
AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy I Inspection I, Inquiry I, and in my apinion death resulted fram: Natural course I Account I Account I Autopsy I Inspection I, Inquiry I, and in my apinion Undetermined manner I, ITTLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME EXAMINER'S NAME ADDRESS 23a. BURIAL CREMATION REMOVAL 23b. DATE 123r. NAME OF CEMETERY OR CREMATORY 123d. LOCATION	TIFICATION	19a. DATE OF	OPERATION	196 CONE	DITION FOR WHICH OPE	RATION WAS	PERFORMED?			
death resulted fram: Natural course Arcident Suicide Homicide Undetermined manner Actual SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNED 3/5/79 EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn Street ADDRESS 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION 12		21a. EXTERNA UNDERLYING CONTRIBUTI	AL CAUSE WAS GOR NG CAUSE OF	21b. TIME (HOUR A. DEATH P.	OF INJURY M. MONTH DAY YEA M. 19	aR 21c. HOW	INJURY OCCURRE) LENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR	YES K NO
730 BURIAL CREMATION REMOVAL 1236 DATE 1237 NAME OF CEMETERY OR CREMATORY 1236 LÓCATION		21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY O WHILE	AL CAUSE WAS G OR NG CAUSE OF DOCCURRED NOT WHILE	21b. TIME (HOUR A.) DEATH P. 21e PLACE	DF INJURY M. MONTH DAY YEA M. 19 E OF INJURY (ATHOME,	R 21c. HOW	INJURY OCCURRED			YES 🏝 NO
		21a. EXTERNA UNDERLYINA CONTRIBUTI 21d. INJURY 6 WHILE AT WORK 22a. 1 cert death result	AL CAUSE WAS OR NG OR NG CAUSE OF OCCURRED NOT WHILE AT WORK Ify that I took char ted fram: NAME AT	21b. TIME (HOUR A. P. 21e PLACE STREET, FA	DF INJURY M. MONTH DAY YEA M. 19 E OF INJURY (ATHOME, CCTORY, FARM, ETC.) escribed above, held an Abodent . So	21f LOCAT STREE	INJURY OCCURRED To Inspection Homicide :: TITLE (SPECIFY) ASSISTAN	CITY OR TOWN Inquiry Undetermined manne MEDICAL EXAMINE	, and in my	YES NO NO PART 2) COUNTY STA

1.	_ F	tems #18a-22a	Film	G531	5/9/79 TEPARTMENT	STATE OF OF HEALT	MARYLAND H AND MEN	TAL HYGIE	ENE				
	1 - S	STATE REGISTRAR		MED	ICAL EXAM	MINER'S	CERTIFICA	TE OF DE	EATH	REG. NO.	9 - 11	649	9
T		CEASED NAME FIRST			MIDDLE		LAST		2a. DATE KNO	OWN MOR	NTH DAY	YEAR	76 HOUR
	(IIIFE	EMMA			В.		MURPHY		DEATH MA		3 17	19 79	M
3	SEX	4 RACE		OF BIRTH	6. AGE	(IN YEARS IF U	NDER 1 YR. IF	UNDER 24 HR	S. 2c. DATE	MON	TH DAY	YEAR	12907
	T.	omalo White	9	2	1921	7 YRS.	THS DAYS HO	OURS MIN.	DEAD	3	3 17	19 79	PM
1	7a. BIR	emale White	7b. CITI	ZEN OF WHA	AT COUNTRY?	I. MAR	RIED T NEVER	MARRIED [9. BALTIMOR	E CITY OR CO	UNTY OF D	EATH	
4	FOR	No Carolina		U.S	.A.	WIDO	-	ONORCED [Baltim	ore Cit	ZV.		MD.
T	0. CIT	Y OR TOWN OF DEATH			ITAL, NURSING A		HER INSTITUTIO		JSUAL OCCUPAT	ION (TYPE OF WO	ORK 12b. KIN	ND OF BUS	
1	Ba	altimore			lenkirk	ric 33)		Ho	ousewife	, curl		Home	
		L RESIDENCE (IF IN NURSING HOA	E OR OTHER IN	ISTITUTION, GIVE	RESIDENCE BEFORE A	DMISSION)	LISA INSIDECITY I						
2	ou. 51	Maryland	Balti	more	13c. CITY OR TO'	on	YES -	NO DX	TREET ADDRESS Gler	nkirk R	oad,	2120	4
	14. FA	THER'S NAME	MIDDLE		LACY		15. MOTHER'S	MAIDEN NA				LAST	
		FIRST	MIDDLE	A	rrowood		Ne	ellie				berso	n
į,	6a W	AS DECEASED EVER IN U.S.	ARMED FOR		16b. SOCIAL SEC		17. INFORMAN	NT	A	ADDRESS		2	1206
	(15	S, NO, OR UNKNOWN) (IF YES, G	IVE WAR OR DA	Alco)	246-26	5-6970	Mrs.	Linda V	White, 711	17 Gree	nwood	Ave.	
F		18. CAUSE OF DEATH (Enter	only one co	use per line f	or (a), (b), and (c).)					AP BETW	PROXIMATE I	NTERVAL AND DEATH
		PART I DEATH WAS CAU	SED BY:	E(a)_ Hy	pertens	ive Ca	rdiovasc	ular D	isease	TAIL N. T.		3.001	
		7027			AS A CONSEQUE	NCE OF							
		Conditions, if ony, whi		(b)		1		1					
	1977	couse (o) stoting the und		, ,	S A CONSEQUE	NCE OF		/-	Manager (S				#17 LUT
		lying cause last.		(c)			1						
		PART 2 DINER SIGNIFICANT CONDITIE	NS CONTRIBUT		UT NOT RELATED TO TH	NE TERMINAL DISE	ASE OR CONDITION GIV	YEN IN PART 1 (a).					
	NO												
7	CAT	190. DATE OF OPERATION		196 CONDITI	ON FOR WHICH	OPERATION	WAS PERFORME	D?			20. A	UTOPSY?	
	MEDICAL CERTIFICATION					THE LA			477.00		Y	res 🔯	NO 🗆
7	CER	210. EXTERNAL CAUSE WAS		HOUR A.M.	INJURY MONTH DAY		HOW INJURY O	CCURRED (EN	TER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)		
	CAL	UNDERLYING OR CONTRIBUTING CAUSE C		P.M.		19							
1	EDI	214 INJURY OCCURRED			FINJURY (AT HO	DME, 21f. L	OCATION STREET		CITY OR TOWN		COUNTY		STATE
	2	AT WORK AT WORK		STREET, FACTO	zarranam, cuc.j	2745			CITY ON TOWN				
		22a. I certify that I took ch	orge of the	remains desc	rihed above held	on Auto	psy X, Ir	nspection	, Inquiry	and in m	ny opinion		
			iturol cause	-	Accident .	Suicide L	_		determined mann		., ориноп		
		geam resulted from: No	noroi cause	a = 1,	Accident LLJ,	Juicide L	TITLE (SPE		determined indim				
		ACTUAL SIGNATURE	N94	· 2	Delan 1	71)	,		NEDICAL EXAMIN	ED D	ATE IGNED	3/18	3/79
7		SIGNATURE	June		W.May's		42275		LUICAL EXAMIN	LI. 31	OINED		
4		EXAMINER'S NAME (TYPE OR PRINT)	rgir	nia L.	Dolan,	M.D	_ADDRESS	111 Pe	nn Stree	t			
1	23a.BI	URIAL, CREMATION, REMOVA					OR CREMATORY	Y 23d	LOCATION		COUNTY	C+.	TE
	(5)	Burial		rch 21			s of Fa		Baltime	ore	Balto	, Ma	rylan
	24 FL	UNERAL DIRECTOR	1100		94217	Tar del	S 01 1 2	G. DATE REC D	BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	URE	
		Leonard J. Ru	ole To	ADDRESS	ltimore	Marri	band	MAR 2	20 1979	tricks	ypa	0	
To the		requard 1. In	CK_IN	C. De	NTIMOT C	A TICLL Y	TON NA		- "		7000	-VIII	

completely filled in by the 1 ond 2 should be filed

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TO FUNERAL DIRECTOR: After this certificate has bee should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prior

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MPORTANT.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OCEDO 70

STATE

- STATE REGISTRAR	DEFARIA	CERTIFICATE OF DEATH	REG. NO. 7 9	-06	500
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D.	AY YEAR	2b HOUR
EDWARD	JOSEPH MU	RRAY SR.	March 31	1979	M
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
MALE	WHITE	MARCH 8 1919	60 YRS	ONTHS DAYS	HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH	
Maryland	U.S.	WIDOWED DIVORCED	Baltimore Cit	У	MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET,	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)		F BUSINESS OR

Balto. South Balto. General Hosp. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 STATE GIVE RESIDENCE BEFORE ADMISSION 308 W. Riverview Rd. 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Md. Brooklyn A.A. NO X YES [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Elizabeth MIDDLE Kreig Francis Murray 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. **ADDRESS** 17 INFORMANT (IF YES, GIVE WAR OR DATES)
W.W. II (YES, NO OR UNKNOWN) 2489 214 01 Julia W. Murray ves same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and it PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gove rise to immediate	(b) Myra	week.	Properties	cos in ació
couse (a), stofing the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	>	/	years
PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	rminal disease or con	DITION GIVEN IN PART 1(a)
19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS DEBEORMED	206 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
196 DATE OF OPERATION	CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPST?	IN CERTIFYING CAUSES OF DEATH?
			YES NO	YES NO
2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19			
21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR FO	WN COUNTY STATE
AT WORK AT WORK				
22a. I certify that (I) (this haspital)	ottended the pleceosed from TP	6 19.7	5 10 194r	19 79, that (1) (we) lo

, and that in (my) (and opinion death occurred on the date and hour and from the causes stated sow the deceased alive on.

THE SIGNATURE	11	DEGREE		22c. DATE	SIGNED	
Merce	Aten		ATTENDING MEDICAL STAFF	4/	っト	-

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

236 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPECIFY) COUNTY

Burial Glen Haven Mem. Glen Burnie Md 250. DATE REC'D, BY REGISTRAN 256. REGISTRAN SUPPLIES 24 FUNERAL DIRECTOR Balto 21225 George J. Gonce 4001 Ritchie Hgwy

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.



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		S APA		

George 2. Genes 4001 AiteMis News

STATE OF MARYLAND 79-06501 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR Hayward REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) HAYWOOD MUSGROVE MARCH 9 1979 2:44A 3. SEX 4. RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR DAYS HOURS Male 20 Black 09 TO BIRTHPLACE (STATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? COUNTRY MARRIED NEVER MARRIED Md. BALTIMORE CITY WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) JOHNS HOPKINS HOSPITAL Md USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 1709 N. Bond St. Md. YES K NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLI MIDDLE LAST Musgrove Hayward Lottie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No Esther Musgrove 1709 N. Bond 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: RECORDS, 201 W. PRESTON ST. IMMEDIATE CAUSE (5) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [] 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK MARUH 22a. I certify that (1) (this hospital) attended the deceased from... and that in (my (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did (did not) view the body ofter death 226. SIGNATUR DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS should be 1215PITAL HOPKINS 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Burial Md. National Pk. Md. Laurel 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 Wm. C. March F/H 1101 E. North Ave. (VRA 15(4))



19-06501 Navy of n Solavofeaulo a L o Goranda Black 20 09 n I al U. S. A. Md. . bi . Baltimore 1 1709 N. Bond St. . bl brows. าไว้ของไ 217-01-9803A Father Musgrove 1709 M. Rond St.

Buriel 3/13/79 Md. Rational Pt. Laurel Md.

BP.

DHMH - 16 50M 7/77 (VR A 15 (4)) FOR

STATE OF M.
DEPARTMENT OF HEALTH

STATE OF MARYLAND
EPARTMENT OF HEALTH AND MENTAL HYGIENE

79-06502

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	, 0		
		CEASED NAME	FIRST	۸	AIDDLE	i	AST		MONTH	DAY YEAR	26 HOUR
	(TYPE	OR PRINT)	ANG		M-	NA	ILLS		23	12. 79	825AM
	3. SE:	Fema	le	4 RACE	White	S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEA	
	7a 8i	RTHPLACE (STATE OR FO		76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNT	Y OF DEATH	
		MD.		4	S.A.	WIDOWE	DIVORCED	BALTIE	noce	- 01	TY. MD.
1		PERTOWN OF DEA		SOUTH	FACILITY, GIVE STREET A	DDRESSI	E CEN. HOSP.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING L	LIFE) INDUSTR	oof BUSINESS OR Mstress
95	13a S	AL RESIDENCE (IF NURS STATE MD.	136 COUP		GIVE RESIDENCE BEFORE 130 CITY OR TOWN	٧ ,	136. INSIDE CITY LIMITS?	13e STREET ADDRESS	Do	PIS	Ave.
80			ge Wa		on HAST			Alice		B	IAST IGGS.
1		VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	218-01-		LaRue Moor	re,4148 Doi		Ave.,	(21225)
		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	nly one couse per D 8Y: TE CAUSE (0)	line for 101, 161, one	orl.	march				OXIMATE INTERVAL IN ONSET AND DEATH
		Conditions, if ony, gove rise to imm couse to, statin underlying couse	nediate g the	(b)	AS A CONSEQUE LUC LUC	NCE OF	is of the	ypht unta	ral	care	the only
	NOI	PART 2 OTHER SIGN	NIFICANT O	nterior	myo	caro	NOT RELATED TO THE TERM	0.1	MU GI	al the	onchi
1	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO MED	200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE 'ES' 'X]	DINGS USED ES OF DEATH? NO
1	MEDICAL CER	21g. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDICA	AUSE OF DE	P.A	A. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18,	PART 1 OR PART 2)	
	MED	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO	HILE [7]	21e PLACE C	EET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
			ed alive on	march	1 2 19 7	,	nd that in (my) (our) opinion	death occurred on the do	te and ho	ur and from th	e, that (I) (we) lost the causes stated
		22b. SIGNATURE	CX (Ini 8m	Joken		MD ATTENDING PHYSICIAN [MEDICAL STAF		224. DA	IS IT
/		EGYA		50N-5P	rkey		South CAL	IMORE GEN	. 40	19.	
	23a. 8	Burial Buria		3/15/			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	7.7	COUNTY	STATE
	24. FL	JNERAL DIRECTOR	1.1.	17/13/	17 W	este	y Chapel Ce	EM ROCK HE		Kent IRAR'S SIGN	Co.Md.
(ie c	orge J. C	once	,4001	Ritchie	Hg.	,Baltimor M	AR 1 3 1979	fr	itrays	Crudy

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ON STREET,		STATE REGISTRAR				EXAMINI			ATE OF DE	AIH	REG. N	70.0	0650	3
10 3		EASED NAM	E FIRST		MIDDLE		l	AS1	11/10/10	26. DATE K	NOWN ESTI-	MONTH	DAY YEAR	Vb. HOUR
	,		Lucin	da	R.		Nat	han		DEATH /	MATED	9	1519 79	M
STREET,	3. SEX		4 RACE	S. DATE OF BI	DAY YEAR	6. AGE (IN YEAR			UNDER 24 HRS	PRONOUNC	-ED	MONTH	DAY YEAR	6:50
	F	emale	Black		- 51	28 YR		DATS	MIN	DEAD		3	15 19 79	AM
	7a. BI	RTHPLACE (S	STATE OR		F WHAT COU	NTRY?	8. MARRIE	D NEVE	R MARRIED	9. BALTIMO	ORE CITY	OR COUNT	Y OF DEATH	
35		Md.			.A.		WIDOWE		DIVORCED		Balt	timore	City,	MD.
	10 CI	Y OR TOWN	OF DEATH	11. NAME OF	HOSPITAL, NU	JRSING HOME,	OR OTHE	R INSTITUTIO	ON 120 U	SUAL OCCUPA	ATION (T)	YPE OF WORK	OR INDUST	ISINESS RY
0		Baltimo		900	Argyle	Avenue	2							
	USUA 13a. S		(IF IN NURSING HOME O			Y OR TOWN		13d. INSIDE CITY	LIMITS? 13e ST	TREET ADDRES	S			
5		Md.	Ci		Ba	lto.		YES #	NO 1 9	00 Arg	yle	Ave.		0.3.1
	14. FA	THER'S NAM		MIDDLE		LAST			S MAIDEN NAM	AE MID	DLE ,		LAST	
0			ırles		Natha	n			ath		Jac.	kson		
		AS DECEASE	ED EVER IN U.S. AR	MED FORCES?	16b. SO	CIAL SECURITY	NO.	17. INFORMA		1 . 2	ADDRES		lerick	Arro
								RUUII	64 11T CT "	reru z	250	riec	lettcv	Ave.
		18. CAUSE C	OF DEATH (Enter on	ly one couse pe					and the same of th		450	0.00	APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
		799	and the same of th	D BT: TE CAUSE (o)	Undeter	rmined			dr. 7 1971		1			
		///	/		O, OR AS A CO	NSEQUENCE C)F			A P			100	
	100	gove r	ons, if ony, which rise to immediate	(b)_						40.0				
		couse (a lying co	s) stoting the <u>under</u>	DUE TO	O, OR AS A CO	NSEQUENCE C	F							
	8			(c)_										
	z	PART 2 OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT REL	ATEO TO THE TERMI	NAL OISEASE	OR CONDITION G	IVEN IN PART 1 (a).					
_	VIO	19g. DATE O	FOPERATION	Tigh Co	ONDITION FOR	WHICH OPER	ATION WA	AS PERFORMI	ED?				20 AUTOPSY	?
1	FIC													NO 🗆
_	CERTIFICATION	210 EXTERN	AL CAUSE WAS		AE OF INJURY		21c. HO	W INJURY O	CCURRED (ENTE	R NATURE OF INJU	RY IN ITEM 1	8 PART 1 OR PA	YES X	140
1		UNDERLYIN	G OR			DAY YEAR	13:1							
	MEDICAL	21d. INJURY	OCCURRED	21e. PL.	P.M. ACE OF INJUR		21f. LOC					5-1.1		
	ME	WHILE	NOT WHILE	STREE	T, FACTORY, FARM,	ETC.)	ST	REET		CITY OR TOW	N	col	YTMU	STATE
	H.	100000	tify that I took charg				Autops		Inspection L.J.	Inquiry		ond in my op	oinion	
		death resul	Ited from: Natu	ral causes 🐔	, Accident	L, Sui	cide 🔲.	Homicid		etermined mar	nner			
						0 0		TITLE (SPE	CIFY)				0/==	
	16	ACTUAL	Ulan	, a	ala.			10000	tant			DATE	2/15	/70
		ACTUAL SIGNATURE	Vergen	na El	Jolan		M,I	Assis	tant_ME	EDICAL EXAMI	NER	DATE	3/15	/79
7		SIGNATURE EXAMINER'S	0	inia I	Dolan	M.D.			stant_ME			SIGNE		/79
2	23a R	SIGNATURE EXAMINER'S (TYPE OR PR	SNAME Virg	inia L.				ADDRESS				DATE SIGNE	et	
2	23o. B	SIGNATURE EXAMINER'S (TYPE OR PR	S NAME Virg		23c.	NAME OF CEA	AETERY OR	ADDRESS	Y 23d	111	Penr	SIGNE	et	/79 TATE
2	74 F	EXAMINER'S (TYPE OR PR URIAL, CREMA PECIFY) BUTIS UNERAL DIRE	S NAME Virg	23b. DATE 3/22/79	9 ²³ c.	NAME OF CEA t Calv	netery of	CREMATOR Cem.	Y 23d	111 LOCATION Brook	Penr Lyn	SIGNE Stre	et	

C. March F/H 1101 E. North Ave.

- STATE

DHMH-16 20M (VRA 15, 4) 7/78 REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-06504

IF UNDER 1 YEAR

2b. HOUR

HOURS

12h. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO |

STATE

Md.

Shore

6h-

YES [

Md

COUNTY

COUNTY

22c. DATE SIGNED

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IF UNDER 24 HRS

REG. NO

10230-6

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TOTAL SELECT AND ASSESSMENT OF A SELECTION OF A SEL

Hay by Andudan letter . .

intel F/H 1101 f. North ave.

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ly filled in by the funeral director, page 3 should be filed within 72 hours offer death

ond 2

FOR DEPART

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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)	-		-					

REGISTRAR			CERTIF	ICATE OF D	EATH	REG. N	8 3	0000	, 0
(. DECEASED NAME FIRST (TYPE OR PRINT)	1	MIDDLE	ı	AST		20. DATE OF DEATH		DAY YEAR	26 HOUR
Margar	et	T.	Ne	elson		March	1 21,	1979	08:15p
3 SEX	4 RACE		5 DATE C		VE AD	6. AGE (IN YEARS LAST BIR	THDAY	MONTHS DAYS	
Female	W.	hite	Aug.		1926	52	YRS	MONINS DATS	HOOKS MIN
BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8 MARRIE	D MEVERA	AARRIED	9. BALTIMORE CITY O	R COUNT	Y OF DEATH	
Maryland		S.A.	WIDOWE	D Dr	ORCED 🗍	Baltimo:			MD.
Baltimore	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET, Hopkins	ADDRESS)		NOITUTI	17u. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housewii	OF WORKING L		OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 130 COU Some	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Marion	ADMISSION)	13d. INSIDE C	ITY LIMITS?	13. STREET ADDRESS Rt. 1	30x 37	71	
4 FATHER'S NAME FIRST James	MIDDLE	Train	or		MAIDEN NAM	WE			stas
60 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA		ADDR			
no noi		219-20-	5238	O. Don	nald Ne	lson Same	as 13	3 a, b, c	,d,e
18 CAUSE OF DEATH (Enter of				1				APPRO BETWEEN	XIMATE INTERVAL
PART I. DE ATH WAS CAUS	TE CAUSE (o)	Cardin	- //	alline	_				
3940		R AS A CONSEQUE	NCE OF /	10 -	P	1	1	-	
Conditions, if ony, which	((b)	Metral	1	cours.	Su	vere Corona	y Hu	ley Disco	12
gave rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUE	NCE OF				/		
underlying couse lost	10,0	R AS A CONSEQUE	INCE OF						
PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CON	DITION G	IVEN IN PART 1	(0)
No nor	-								
190 DATE OF OPERATION 3/2//79 210. ACCIDENT WAS UNDERLYING	196. COND	TION FOR WHICH	OPERATIO	C. A.	RMED	20a AUTOPSY?	IN CERT	ES, WERE FIND	S OF DEATH?
210. ACCIDENT WAS UNDERLYING	7 215. TIME C	FINJURY	,		JURY OCCURR	YES NO DED (ENTER NATURE OF INJU		PART LORPART 23	NO 🗌
OR COLUMNIC CALLES OF DE	ATH HOUR A.	M. MONTH DA			JOHN GEEDHIN	LED TENTENT ONE OF MOS	W. W. HEM. 10.	, , , , , , , , , , , , , , , , , , , ,	
OR CONTRIBUTING CAUSE OF DIT	P. PLACE		19	21f. LOCATIO	N .				
WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
270.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did n			, or	nd that in (my)	_, 19 (aur) opinion o	, to death occurred on the c	late and ha		, that (I) (we) last the causes stated
obove, (1) (we) (did) (did n 226, SIGNATURE	ot) view the body	ofter deoth.		DEGREE				22s. DAT	E SIGNED
				A	TTENDING PHYSICIAN	MEDICAL STA			
22d PHYSICIAN & NAME (TYPE	11 21	OUTEN In	CM	220. ADDRES		Honk	NAN D	Hory	
230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	236. DATE 3/24			emetery or d		23d LOCATION Cristiel	.d S	COUNTY	state Md.
PA. FUNERAL DIRECTOR Bradshaw & S	Sons (ADDRESS	. Md.	21817	M	AR 27 1979		RAR'S SIGNA	TURE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

IMPORTANT: If Hem 21 is marked or Item 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The

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ending phys

Marylant U.S.A. Little of all control amonifie x convent towards their x THE BOW STATE

ostalina statut articol arcolle nonci. none de cio-co-sons (s. 16m-11 mellon demo se 15 m, 1940) o

. The Laurence of the Market County and Canting the Laurence Laurence Studdber & Jone - Cetaffeld, M. Piets - MARLE 8/8 - Jan Suffeling 10-00-01

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) 100 4 RACE 3. SEX 5 DATE OF BIRTH 6 AGE TIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAYS HOURS In BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR NOT IN SUCH FACILITY GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Restaurant MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13d INSIDECITY LIMITS? 13e STREET ADDRESS P Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME N FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 166 SOCIAL SECURITY NO Poges (XES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Lorraine Cammarata. Daughter Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ARDOVASCULA W. PRESTON DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stating the DUE TO OR AS A CONSEQUENCE OF oth underlying couse lost 201 00 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 prior 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? riol-tronsit per NO YES T NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART T OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM ž 0 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 22s I certify that (I) (this hospital) attended the decegted from . 2 DIRECTOR ... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (was did) (did not) view the body after death 22h SIGNATURE DEGREE 22t. DATE SIGNED * ATTENDING MEDICAL STAFE FUNERAL I DIRECTOR DE DHISTICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ELINALINE 23a, BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DAJE 3/26/79 Gardens Baltimore Burla] Holly Hill Memorial 250. DATE REC'D. BY REGISTRAR 256. REMISTRAR'S SIGNATURE 24 FUNESAL GIRECTOR DHMH - 16 50M 1/76 1407 Old Eastern AVMAR Home (VR A 15 (4))

STATE OF MARYLAND

60680-65 Con la restute , Jr., and pale to a ... of organ of the behavior between the topical graduation. A THE RESIDENCE THE PROPERTY OF THE PARTY OF

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

FOR

REGISTRAR DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76 (VR A 15 (4))

Baby Girl

- STATE

(TYPE OR PRINT)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Balto., Md. 2122950. DATE REC'D. BY REGISTRAR 256 1

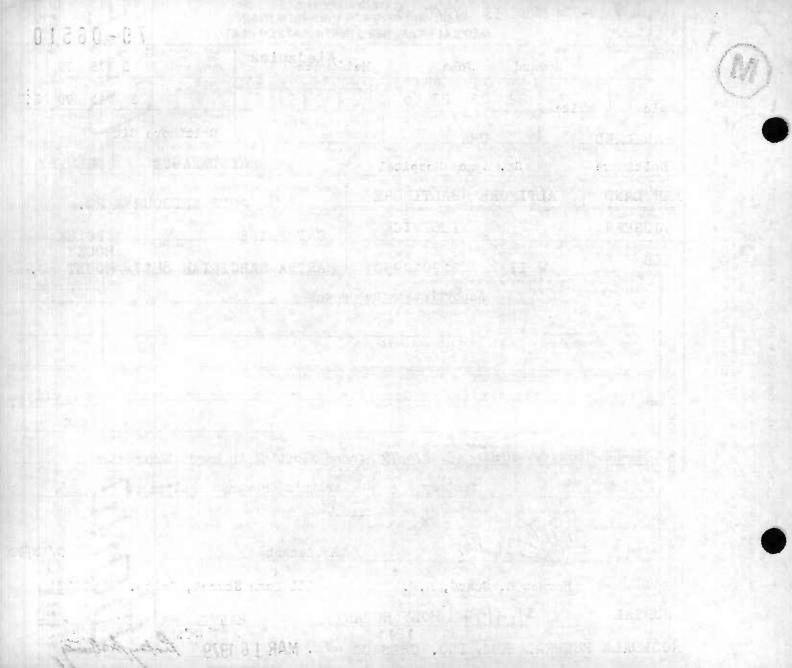
20 DATE OF DEATH

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STATE

LAST

	REGISTRAR DECEASED NAM	E FIRST	7712	MIDDLE	TER 3 C	AST	OF DEATH	KEG. I		DAY YEAR	Zb. HOU
1	TYPE OR PRINT)		lward J	ohn .	Nei	Niedzw:	1CK	OF ESTI- DEATH MATED	3	13 19 79	
	SEX	4. RACE	5. DATE OF BIRTH	YEAR 3 6. AGE IN YE LAST BIRTHD	PAY) MONTHS		MIN. PRC	DATE NOUNCED DEAD	монтн 3	13 ₁₉ 79	3:3 a.
	Male BIRTHPLACE IS FOREIGN COUNTRY)		76 CITIZEN OF WE	IAT COUNTRY?	12	D NEVER MAR	RRIED	ALTIMORECITY Baltimor		TY OF DEATH	
10	MARYLA CITY OR TOWN Baltimo	OF DEATH	LIE NOT IN SUCH FAC	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) Les Hospita	E, OR OTHE		12a. USUAL	TENANCE	PE OF WORK	12b. KIND OF I OR INDUS BREWE	BUSINESS
	ARYLAN	(IF IN NURSING HOME IS COU		BALTIMOR	ION)	13d. INSIDE CITY LIMITS?	Ki I		TIDNE	DD	
14	JOSEP		WIDDLE	NIEDZWICK		15. MOTHER'S MAI	DEN NAME	2 KELBO	THE WIE	LAST	
5 16		D EVER IN U.S. AI	RMED FORCES? /E WAR OR DATES)	16b. SOCIAL SECURIT	TY NO.	CATHE!		ADDRES		POLEK ROCKY	
-	18. CAUSE C	OF DEATH (Enter o	only one couse per line			MARTHA	MARCI	NIAK 84	17	APPROXIMA BETWEEN ON	ATE INTERVAL
	> 910	8 IMMEDIA	ATE CAUSE (a) AS	phyxiation AS A CONSEQUENCE		owning					
	gave r	ise to immediat	te (b)								
) stoting the under	DUE TO, OR	AS A CONSEQUENCE	OF		170.30		W		
	lying car	use last.	(c)			OR CONDITION GIVEN IN	PART 1 (a)				
1	lying co	use last.	(c)s contributing to death	AS A CONSEQUENCE BUT NOT RELATED TO THE TEN I O Y A S C U L A T ION FOR WHICH OPE	MINAL DISEASE	ase and		c Pulmo	nary	obstru	tive
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7	lying co	IGNIFICANT CONDITION TOSCLET FOPERATION AL CAUSE WAS G POR	(c) IS CONTRIBUTING TO OEATH OTIC CARD 19b. CONDIT 21b. TIME OF HOUR F DEATH LO : O.G.M.	INJURY MOT RELATED TO THE TEN O V A S C U 1 AT INJURY MONTH DAY YEA 3/12/1979	MINAL DISEASE C dise RATION WA	winjury occur	Chroni RED (ENTER NATU		8 PART 1 OR PA	20. AUTOPS YES X	Y? D16
734	PART 2 OTHER S Arter 190. DATE OF	IGNIFICANT CONDITION TOSCLET FOPERATION AL CAUSE WAS G POR	(c)	INJURY BUT NOT RELATED TO THE TEN O V A S C U] A T ION FOR WHICH OPE	MINAL DISEASE C dise RATION WA 21c. HO 21l. LOC ST	winjury occur	Chroni RED (ENTERNATU	IRE OF INJURY IN ITEM I	BPART 1 OR PA	20. AUTOPS YES X	Y? DIS NO STATE
1 3 4 03	PART 2 OTHER S Arter 190. DATE OF 210. EXTERN UNDERLYING CONTRIBUT 21d. INJURY WHILE WHILE AT WORK 220. I cert	IGNIFICANT CONDITION I OSCIET FOPERATION AL CAUSE WAS GORING CAUSE OF OCCURRED NOT WHILE AT WORK	(c)	INJURY MONTH DAY YEA 3/12/1970 TOWN FOR WHICH OPE	MINAL DISEASE C dise RATION WA 21c. HO 21l. LOC ST Autops	winjury occur ind float: Ation areti arlin's	Chroni RED (ENTERNATU ing in] Brewery	DEEP STO	BPART 1 OR PA	20. AUTOPS YESX ART 2) tank DUNTY Md	Y? DIS NO STATE
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1 3 + 23	PART 2 OTHER S Arter 190. DATE OF 210. EXTERN UNDERLYING CONTRIBUT 710. In Invury WHILE AT WORK 220. I cert death resul	IGNIFICANT CONDITION I OSCIET FOPERATION AL CAUSE WAS GOOR OR ONE OCCURRED NOT WHILE AT WORK Ify that I took cha	(c)	INJURY MOTHER TENTED TO THE TE	MINAL DISEASE ALTION WAR 211. HO 211. LOC Autops Autops M.	winjury occur and float; ATION REET arlin's Homicide	Chroni RED (ENTERNATU ing in Brewery tian	Deer sto: If or town Baltin Inquiry	rage 1 comore more DATE SIGNI	20. AUTOPS YESX ART 2) Lank DUNTY Md	Y? D16 NO □ STATE



10	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE Reg. N	. 79-06511
, pe		EASED NAME FIRST OR PRINT) THOMAS	S C.	Noel	16.07.12	3 23 79 10:30 PM
Poge 4 may be direction page hours other deat	3. SE>	Male	Black	S. DATE OF BIRTH MONTH DAY YEAR 3 4 2/	6. AGE JIN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
E 18 /	CC	RITHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	WIDOWED DIVORCED	Balto	OR COUNTY OF DEATH
s ofter notified will		Dultimel	SOUTH BOILT	nine con. cosp	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	
ND 212 24 hou 24 hou sold be must be	ÚSUA 130. S	TATE 13b. COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO INTY 13c. CITY OR TO	YES NO	3004 H	scension street
E, MARYLAI completely i i and 2 sh	-	Thomas	F. NOE	15. MOTHER'S MAIDEN	MIOOLE ADDR	Gosnell
be execution and control of the cont	160. V	(# YES, GN	RMED FORCES? VE WAR OR GATES) 2/6-	18-7523 Wife-	Λ /	a me
b) W. PRESTON ST., BALL that the death certificate d by the attending physicic ease remove carbon paper of, cremation, or removal.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEO	JENCE OF	É ER	
S e e	CERTIFICATION	PART 2. OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE THOU	ERMINAL DISEASE OR CON	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
N OF VITAL R SICIAN: The Ing physicion. certificate has info-trional pee ental Hygiene them 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	THE PART OF THE PA		YES NO CURRED (ENTER NATURE OF INJU	YES NO
INISIOI G PHY: offendin s the bu	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19 211 LOCATION STREET	CITY OF TO	OWN COUNTY STATE
TTENDA Spiral or CTOR: A for use of Heal		saw the deceased alive a above, (I) (we) (did) (did)	pital) attended the deceased fram an 3/23 19. not) view the bady after death.	/ , and that in (my) (aur) opin	nion death occurred on the o	date and haur and from the couses stated
ITAL OR by the horse edetoche detoche in Italian in Ita	1	224 PHYSICIAN'S NAME ITYPE	A. lowly	DEGREE ATTENDIN PHYSICIA 220. ADDRESS	MEDICAL STA	AFF \ 2/22/79
TO HOSPITAL TO FUNERAL should be deal with the State		BARBARA	R. COWLEY	N.D. South	BALTO, GEA	verne Hospime
1552 BP		BURIAL, CREMATION, REMOVA	3-27-79 236	a Loutus MEN	1. Bacetin	nâre Maryland
DHMH - 16 25M (VR A 15 (4)) 9/74	A	UNERAL DIRECTOR RLINGTON S.	Phillips 1721-2	7 N. Monrust.	MAR 3 0 1979	friting sectionly

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. / Q REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Norman Robert DEATH MATED 5 1979 4. RACE & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 3 SEX DATE OF BIRTH 2c. DATE 7:30 LAST BIRTHDAY) PRONOUNCED black male DEAD 19 79 Ta BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED Baltimore City 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OWN OF DEATH OR INDUSTRY Baltimore at home/1210 Homewood Avenue SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 1136 INSIDE CITY LIMITS? 13e. STREET ADDRESS YES INO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST 7. INFORMANT ADDRESS 16a. WAS DECEASED EVER IN U.S. ARMED FORCES 146 SOCIAL SECURITY NO DIVISION (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE, IMMEDIATE CAUSE (a) Carbon Monoxide Intoxication DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 9h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES NO X 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR FAULTY CHIMNEY 3/5/ 10 79 CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (AT HOME. 21f. LOCATION 216. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE STATE home 1210 Homewood Avenue, Balto City MD ULD BE TO DIRECTOR: F Inspection X ond in my opinion 22a. I certify that I taak charge of the remains described above, held on Autopsy Inquiry Accident X Suicide Homicide Undetermined monner deoth resulted from: TITLE (SPECIFY) 3/6/79 ACTUAL MEDICAL E ECUTE THE C GE 4 SHOU FUNERAL D TER DEATH, V Assistant MEDICAL EXAMINER SIGNATURE SIGNED. 111 Penn Street, Balto. MD 21201 Hormez R. Guard, M.D. EXAMINER'S NAME (TYPE OR PRINT) O N N THE LOCATION TA BURIAL CREMATION REMOVAL TOE DATE COUNT STATE IL DATE BEC'D. BY BEGISTRAR 25h. REGISTRAR'S SIGNATURE DHMH - 17 Melrevoly (VR A15 ME (51) 15M 7/76

/	1 1	tem #5&6 Film	G530 4/18/79	re STATI	OF MARYLAND	IFAIF	
1 1	1	STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH		9-06513
		(Robert) RO			lorris	20. DATE OF DEATH MONTH	7 79 72 PM
	3. SE		A RACE Black	5. DATE C	20 1908	6. AGE (IN YEARS LAST BIRTHDAY) 71 78 YRS	MONTHS DAYS HOURS MIN.
ooth. Pog reral dire	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	AAADDIE	NEVER MARRIED	Baltimore City or Count	
other death		Baltimore	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C Church Ho	, NURSING HOME C	ROTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
AND 212C	USU	AL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION, GIVE RESIDE DUNTY 136. CITY		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 210 Beale Ct	
campletely for a short		ATHER'S NAME	STATE OF THE STATE	ris	15 MOTHER'S MAIDEN NA/ Hattle	ME	Norris
MORE, Mond can Poges I of		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOC GIVE WAR OR OATES)	IAL SECURITY NO.	17 INFORMANT Alene Norr	ADDRESS	
ires that the death certificate gned by the attending physician please are accreamonal, buriol, cremotian, or attending try, or ather traumotic event, the	400000000000000000000000000000000000000	PART I. DEATH WAS CAL	DUE TO, OR AS A CO	onsequence of onsequence of	-	al infor	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 1(0)
AL RECORDS he low required. has been sit permit. The ene prior to ows ony injur.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	R WHICH OPERATIO		IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir of the certificate has been sign at this certificate has been sign at the hard-broast permit. The not Americal Hygiene prior to be acked or them 18 shows only injury	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE CONTRIBUTION OF THE CONTRI	DEATH HOUR A.M. MON	19 Y	211, LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18,	
a of a of a	W		(AT HOME, STREET, FACTOR	ed from 3/	STREET	CITY OR TOWN	COUNTY STATE , 19 / 9 , that (I) (we) lost
AL OR ATTEN y the hospital AL DIRECTOR: detached for us ore Dept. of He		22b. SIGNATURE	al not) view the body ofter deor	In.	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 3/17/79
O HOSPITAL (CO HOSPITAL (CO HOSPITAL (CO NUMERAL CONTROL MAILT (CO NUMERAL CONTROL MAILT (CO NUMERA		226. PHYSICIAN'S NAME (TY	PEORPRINT) - Mida	ni md	220. ADDRESS Church	s It ome Ho	spital
06.05 BP	23a	BURIAL, CREMATION REMOVE (SPECIFY) Burial	^{'AL} 3/23/79	23c NAME OF C	Hill Cem.	Annew Arund	ectunity Mdie
DHMH - 16 50M 7/77 (VR A 15 (4))		Wm. C. Marc	h F/H 1101°	E. Nort	h Ave. 250 DAT	E REC'D. BY REGISTRAR 256. RED IS	TRAR'S SIGNATURE

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in 1503 Bruce Ct.	Alrae Norr		οV

Surial 3/23/79 Ceder Hill Com. Amer Agandel, Md.

to. C. Wreb F/H 1101 T. Bouth Ave. JAR 21 1979 JELF JACON

	STATE OF MARYLAND POR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
B	REGISTRAR CERTIFICATE OF DEATH REG. NO. / 9	-06515
a	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY (TYPE OR PRINT) BESSIE ELDER O'BRIEN 3 7	YEAR 26 HOUR
you may		1979 3:30 RM
2ge 4	Female White 12Th 27 1888 90	NIHS DAYS HOURS MIN.
4 10 176	10. BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY O	FDEATH
de de	Baltimore City USA WIDOWED DOWNCED Baltimore City	MD.
os ofter	THE OSCIAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY MVA
VD 212	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 136. CITY OR TOWN Baltimore YES NO 121. VISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. STREET ADDRESS 2211 West Rogers	Avenue
YLAI rthin tely 1 2 sho	14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME	Avenue
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be executed on and control on and control on and control on and control on medical	160. WAS DECEASED EVER IN U.S. ARMED FORCES 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 17. INFORMANT 18. INFORMANT ADDRESS 18. INFORMANT 1	stadler
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. INPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN 22a. I certify that (I) (this hospital) attended the deceased from 19 , and that in (my) (our) opinion deoth accurred on the date and hour or obove, (I) (we) (did) (did not) view the body after death. 22a. PHYSICIAN S NAME (TYPE OR PRINT) DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHY	VERE FINDINGS USED IG CAUSES OF DEATH? NO 1 LORPART 2) COUNTY STATE
1222BP	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY CATALOGUE BURIAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY BURIAL COLOR BURIAL CREMATORY BALTIMORE, Maryl	and
DHMH - 16 60M 7/73 (VR A 15 (4))	24 FUNERAL DIRECTOR 256, DATE REC'D, BY REGISTRANDA RE	

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1 - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		7	9.	-	0	6	5	1	6
ÜAST	3/4/79		DAY		YEAR		2b		JR 50
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	T	IF UN	4DEF	SIVE	A.R	IF U	NDEI	R 24 HR

4. RA	ACE
OCHSEN	REITER
FIRST	MIDDLE
	OCHSEN

Female White 76 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?

Carroll

(IF YES, GIVE WAR OR DATES)

IISA

Feb. 10, 1890 MARRIED NEVER MARRIED

STATE OF MARYIAND

89 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Fox

120 USUAL OCCUPATION INDUSTRY HOUSEW ITE

12b. KIND OF BUSINESS OR

I CITY OR TOWN OF DEATH Baltimore

Convalesarium SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 CITY OR TOWN

Hampstead

13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES [

15. MOTHER'S MAIDEN NAME

Mary

RD

LAST

APPROXIMATE INTERVAL

14 FATHER'S NAME

(YES, NO OR UNKNOWN)

Md.

COUNTRY!

Strout John 160 WAS DECEASED EVER IN U.S. ARMED FORCES

16h SOCIAL SECURITY NO

17 INFORMANT John L. Lehr ADDRESS

MIDDLE

Timonium. Md.

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost

DUE TO, OR AS A CONSEQUENCE OF DUE TO OR AS A CONSEQUENCE O

055-09-8314

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN INVART 110

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

NO 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

200 AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

210 ACCIDENT WAS UNDERLYING

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M. MONTH DAY YEAR

211 LOCATION

MEDICAL NOT WHILE sow the deceased alive on

220.1 certify that (1) (this haraital) attended the deceased from

21b. TIME OF INJURY

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY

22b. SIGNATUR

230 BURIAL, CREMATION, REMOVAL

22d. PHYSICIAN'S NAME (TYPE OF PRINT) Albert B. Bradley, M.D.

23b. DATE

March 6, 79

above, (1) (we) (did) (did not) view the body ofter death

mo DIRECTOR PHYSICIAN 22e. ADDRESS Belair Road 22c. DATE SIGNED

23t. NAME OF CEMETERY OR CREMATORY

Westview Cemeterv

DEGREE

Baltimere, Maryland 21206 Balto. Co. Md.

CITY OR TOWN

DHMH - 16 60M 1/75

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(VRA 15 (4))

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Item 18

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MPORTANT

Cremation 24 FUNERAL DIRECTOR

Elime Funeral Home Hampstead. Md. 21074

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1 16		DIVISIO	ON OF VITAL RECORDS, 3	301 W. PRESTON STREET, BA ERTIFICATE OF DEATH	LTIMORE, MARYLAND 21201	-06517
uneral 1 and 2 1 death.		EASED-NAME print) Printle	Middle	O Connar	march 31	Poy 19979 M
van papers. Pages 1 and 2 within 72 haurs after death	3. SE	M 4. RACE	neasien	S. DATE OF BIRTH 3-19-18	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. S.
35	7o. E		S. W.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH	Md.
1		Y OR TOWN OF DEATH Balto	11. NAME OF HOSPITAL OR INST	4 Hospital during	SUAL OCCUPATION (Kind of work dane most of warking life, even if retired.)	
35	odmi	ma.	DUNTY	Ballo YES W	NO□ 829 8. 100	ulden St.
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1		VAS DECEASED EVER IN U.S. ARMED FORCES in a or unknown) (If yes give war or dates of s		0. 17 INFORMANT 81 Elemente S	choeder 829	& Bouldin St
99	Z	anditians, if ony, which gove	(a) Congest TO, OR AS A CONSEQUENCE OF (b) TO, OR AS A CONSEQUENCE OF (c)	A SCVD	DRCONDITION GIVEN IN PART 1(a)	BETWEEN ONSET AND DEATH
7	TIFICATION	9a. DATE OF OPERATION 19b. CONDITION	FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY? YES NO	CALISES OF DEATHS	CONSIDERED IN CERTIFYING
1	MEDICAL CERT		TIME OF INJURY JR A.M. Manth Day Year P.M. 19	21c. HOW INJURY OCCURRED (En	nter nature of injury in Port 1 or Port 2	?, Item 1B.)
	ME	21d. INJURY OCCURRED 21e. PLACE OF I While Not while twork of work	OFFICE BUILDING, ETC.	DRY.) 21f. LOCATION Street or R.F.D.		County State
		22a. I certify that (I) (this haspite saw the deceased alive an causes stated abave, (I)	al) attended the deceased 3/7 19) (did) (did nat) view the b	d fram 70 7 20 , 19 279, and that in (my) (ove) a ady after death.	pinian death accurred on the c	9 <u>24</u> , that (I) (we) last date and haur and from the
		See SIGNATURE	ouskell	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. D	c. DATE SIGNED
		12d. PHYSICIAN'S NAME (Type)	AY JiHou	SKAMS 333	S. EAST AVE	BALTU 21224
		BURIAL, CREMATION, BEMOVAL (Specify) 3-31-	79 Sacred	EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
68	24.	INERAL DIRECTOR Hoffman	a 3218 Hud	2So. REC'I	BY REGISTRAR 25b. RESSTRAR	2'S SIGNATURE

MAKTLAND STATE DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE OF DEATH MONTH 2b. HOUR TYPE OF PRINT 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I VE AD YEAR DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH STATE OF FOREIGN MARRIED NEVER MARRIED WIDOWED NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR YORK FOR MOST OF WORKING Baltimore SLIAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 136 COUNTY O LAST BALTIMORE, EASED EVER IN U.S. ARMED FORCES 160 WAS DE 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I, DEATH WAS CAUSED BY: 201 W. PRESTON ST. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF tai (uve Renal ttc underlying cause à PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR entol OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIE EITHER NOTIFY MEDICAL EXAMINERS P.M. 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) oftended the deceased from_ sow the deceased alive on_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED -ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should by 0 230. BURIAL, CREMATION, REMOVAL 23 NAME OF CEMETERY OF CREMATORY 23d. LOCATJO DHMH - 16 60M 1/75 (VR A 15 (4))

STATE OF MARYLAND

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and a	7a. BIRTHPLACE (STATE OF	FOREIGN 76 C	ITIZEN OF WHAT COUNTE	MARRIED L	NEVER MARRIED	BALTIMORE CITY	OR COUNTY OF DEATH	
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burs offer on by the fi	BALTE	EATH II.	NAME OF HOSPITAL, NUR IF NOT IN SUCH FACILITY, GIVE STR CHE JOHNS I	SING HOME OR C REET ADDRESS) HOPKINS	HOSPITAL	TYPE OF WORK FOR MOST C	OF WORKING LIFET INDUSTR	O OF BUSINESS OR
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MARYLA mpletely ond 2 sh	14. FATHER'S NAME TOSEPH	WIDOLE	1,100	15.	MOTHER'S MAIDEN N			LAST
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eoth certificate tending physis or carbon again on a removed umotic event, it	18 CAUSE OF DEA PART I. DEATH	WAS CAUSED BY IMMEDIATE CA		morev	1 fy	tal dec	in 2	OXIMATE INTERVAL IN ONSET AND DEATH
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OF VITA OF VIT		ADSE OF BEATH		DAY YEAR	L. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2	
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TENDIN Ontol or TOR: Africa for use or of Health	220.1 certify that (this hospital o	strended the deceased from 3-2-15 with a body after death.	mass.	hot in (my (our) opinio	7, to $3-1$ in death occurred on the de	ote and hour and from the	he couses stoted
ALOR AIT the hospital OleCTo the Dept of	22b. SIGNATURE	15	The body piter deoth.	the DEC	ATTENDING PHYSICIAN	MEDICAL STAI	FF _ 2-	TE SIGNED
TO HOSPITAL oretoined by the should be determined by the s	22d. PHYSICIAN'S P	FOR!	1/100	22	JOKY	is Hopk	ins Ho	P
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(VR A 15 (4))	J. F. CO.	NNEL	1, 30	0 MB	CE	, 1013	-	7

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-06520

		REGISTRAR		CERTII	ICAIL OI DEAL	n	REG. NO		3 0	0 0 2	- 0
		CEASED NAME FIRST	MIDDLE		AST	7.62	20. DATE OF DEATH M	ONTH E	DAY YEAR	25 HC	UR
	(TYPE	EORPRINT) MARY	E. OWER	VS		1	COPE NO.	03	28 79	0	20
	3 SE		1 RACE	S. DATE C	OE BIDTH		6 AGE (IN YEARS LAST BIRTH		IF UNDER 1 YEAR	p IE LIND	ER 24 HRS
	13 SE	Female	White	Marc		Z EAR	87		MONTHS DAYS		
		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT		D NEVER MARR	,rp []	9 BALTIMORE CITY OR	COUNTY	OF DEATH		
Commission		Penna.	U.S.A.	WIDOWE	DIVORC	ED [BALTIMORE (193.0		MD.
4	BA	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	AL HOSPI	TAL		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife	WORKING LIFE		Υ	
1	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP LTYLAND	R OTHER INSTITUTION, GIVE RESIDENCE E NTY 13c CITY OR 1 Balti	TOWN	13d. INSIDE CITY LI	MITS?	13e STREET ADDRESS 1	Balt. ngram	, Md. Road	2123	9
200	14 FA	ATHER'S NAME FIRST Edward	McNeal		15 MOTHER'S MAI			GHE		AST	
		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	SECURITY NO.			hter: ADDRES		lt., M	d. 2	1239
	(YES, NO OR UNKNOWN) (IF YES, GIVI	220-54	-6973					ngram		
		PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gove rise to immediate couse to storing the underlying couse lost PART 2 OTHER SIGNIFICANT OF	DUE TO, OR AS A CONSE	EQUENCE OF	sovo					vhs.	
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2	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED			IN CERTIF	S, WERE FIND YING CAUSE S		ATH?
7		210. ACCOPY WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJURY	IN ITEM 18, PA	ART 1 OR PART 2)		
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	35	22b. SIGNATURE	it view the body offer deofn.		DEGREE				22c. DAT	ESIGNED	5
	4	MITHUL A.	Stowe			IDING ICIAN []	MEDICAL STAFF		3/2	1/79	
)	3/1				22e ADDRESS				1,7,735		EID.
		Michael A.					memorial Hu	Sp.tal	Ball	rmor	, md.
		BURIAL, CREMATION, REMOVAL			emetery or crem nd Memoria		23d. LOCATION CITY OR TOWN Baltimo:	200	COUNTY	rl and	TATE
	24 EI	Burial UNERAL DIRECTOR Leona Rucks Fundal	I D. I. T	LIOTETS	nd remorts		REC'D. BY REGISTRAR 2			land	
	24 11	NAME LEONS	ra J. Ruck Inc	Balt. M	1./	A.	0	III. REGISSI	spray /	X & /	/
		Ruckes Funeral	Home (to	arroid T	प्रा .	11	MAR 3 0 1979		700	-00	- Joseph

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STATE OF MARYLAND

1 - STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO.	9 - 08	5522
1. DECEASED NAME FIRST (TYPE OR PRINT)	nan "	M.	Pai	mer)		9-79	28. HOUR 230 PM
3. SEX Male	RACE Cauc.		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) VRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF V	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Balto City		MD.
Balto.	(IF NOT IN SUCH	SWOOD NU	rsing	Home	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY	of Business or uto
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. COL		GIVE RESIDENCE BEFORE 131. CITY OR TOWN Balto		13d INSIDE CITY LIMITS?	13e STREET ADDRESS Edgewood N.H.		
14 FATHER'S NAME FIRST	MIDDLE	LAST		IS MOTHER'S MAIDEN NA	, MIDDLE	LAS	31
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	166 SOCIAL SECUR 218-14-23		17 INFORMANT Brother	ADDRESS		
18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	only one couse per liseD BY:	meta s	TATI	c mally,	XIANCY -	BETWEEN (IMATE INTERVAL ONSET AND DEATH
Canditions, if any, which gave rise to immediate couse (a), stating the		AS A CONSEQUE		omA. Ri	194 Kidner	7	24125-

underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NO

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

CITY OR TOWN COUNTY

STATE

STATE

NO [

22s.I certify that (I) (this hospital) attended and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated DEGREE

	1.	1-4	10	12	9	
DATE AND		Pront.	Pa	En	77	1

22e ADDRESS

ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES |

230. BURIAL, CREMATION, REMOVAL (SPECIFI) CREMATION

NOT WHILE

23b. DATE 3/29/79 231 NAME OF CEMETERY OR CREMATORY Security Process

23d. LOCATION

COUNTY

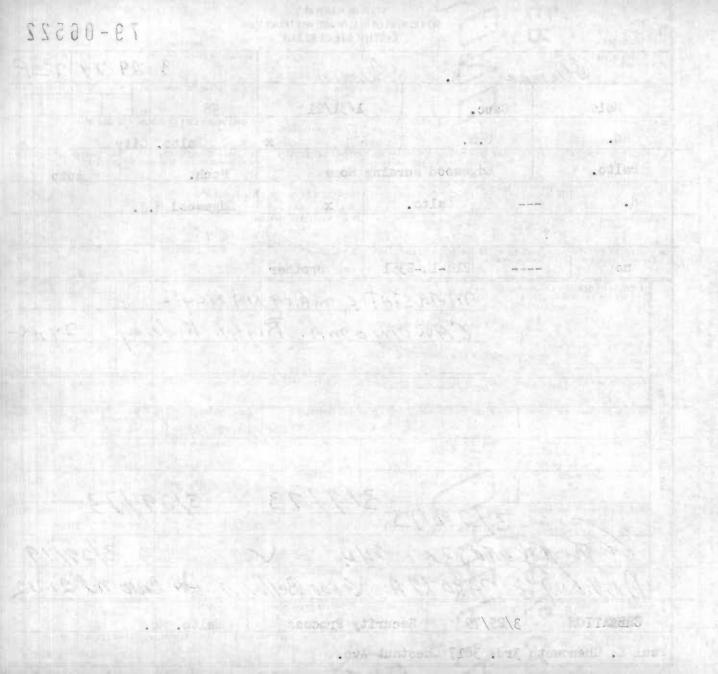
Balto. Md.

24 FUNERAL DIRECTOR

Chenoweth 3rd. 3617 Chestnut Ave.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VRA 15(4))



medical examiner must be notified at

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1979

DANIEL PANIELL 3 2 79 1 SEX Male Negro 6 15 1868 10 78 Negro 6 15 1868 10 78 Negro 6 15 1868 Negro Never Market Negro Norced Baltimore Negro Norced Baltimore Negro Norced Negro Norced Negro Norced Negro Norced Negro Norced Norc	323	79-06	REG. NO.	CATE OF DEATH	CERTIF				STATE REGISTRAR	-	
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Male Negro 615 1868 110 yes MARRED NARRED NARRED	5:25Pm	3 2 79	3	ELL	PAN			IEL			
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Virginia U. S. A.		R COUNTY OF DEATH	9 BALTIMORE CITY OR CO	D NEVER MARRIED D	8	WHAT COUNTRY?	76 CITIZEN OF	OREIGN	RTHPLACE ISTATE OR F	7a. BIF	1/-
Baltimore In City or Town OF DEATH	MD.	imore	Baltim			S. A.	U.	1			40
Baltimore JUSUAL RESIDENCE (IF NURSHOODED ON THE RESIDIUS) OWN ERSORCE EFFORE ADMISSION 136 STATE TABLE 135 COUNTY Maryland Maryland JAS COUNTY Baltimore Harry Baltimore JAS COUNTY Baltimore JAS DECEASE OVER IN U. S. ARMED FORCES? (YES, NO GRUNNOWN) JAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO GRUNNOWN) JAS COUNTY JAS COUNTY JAS COUNTY JAS COUNTY DOLE TO, OR AS A CONSPOUENCE OF CONDITION, TO AS A CONSPOUENCE OF COUNTY IN COUNTY DUE TO, OR AS A CONSPOUENCE OF COUNTY IN COUNTY IN CALLED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO THE TERMINAL DISEASE OR CONDITION GIVEN IN THEM IS, PART I OR PART 2) TO CONDITION GIVEN THE CONDITION GIVEN IN THE MISS. THE TERMINAL DISEASE OR CONDITION GIVEN IN THE MISS. THE TERMINAL DISEASE OR CONDITION GIVEN IN THE MISS. THE TERMINAL DISEASE OR CONDITION GIVEN IN THE MISS. THE TERMINAL DISEASE OR CONDITION GIVEN IN THE MISS. THE TERMINAL DISEASE OR CONDITION GIVEN IN THE MISS. THE TERMINAL DISEASE OR CONDITION GIVEN IN THE MISS. THE TERMINAL DISEASE OR CONDIT	F BUSINESS OR	ON 12b. KIND OF	120 USUAL OCCUPATION	A-2-	G HOME C			ATH	TY OR TOWN OF DEA	10. CI	2
136 STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 132 STREET ADDRESS 1732 North Washing 184 FATHER'S NAME 185 186 STATE ADDRESS 186 SOCIAL SECURITY NO. 15 MOTHER'S MAIDEN NAME 187 MATILIA 187 MATILIA 188 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 186 SOCIAL SECURITY NO. 18 CAUSE OF DEATH. Enter only one course per line for 10. 18. 19.		- WORKING (IFE) INDUSTRY	(TYPE OF WORK FOR MOST OF WO		TTAT.	CY HOSE	MITTE			1	1
15 MOTHER'S MANARE HEATTY Pannell 15 MOTHER'S MAIDEN NAME FIRST 16 MOTHER'S MAIDEN NAME FIRST 17 MOTHER'S MAIDEN NAME FIRST 18 MOTHER'S MAIDEN NAM	aton St	rth Washing			N	13c CITY OR TOW	OTHER INSTITUTION	13b COUN	TATE	13a S	17
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NO 223-72-7880 Charlie Pannell 1732 N. Wash1 RAPPROXIMA PART DEATH LENter only one couse per line for (a), (b), and (c) PART DEATH WAS CAUSED BY:	St.				RITY NO.	166 SOCIAL SECU			VAS DECEASED EVER		1
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER P.M. 19 21f. LOCATION STREET CITY OR TOWN COUNTY 22a. I certify that (I) (this haspital at work AT WORK AT WORK AT WOR		IN CERTIFYING CAUSES	IN.	WAS PERFORMED	OPERATIO	ITION FOR WHICH	19h CONDI	TION	19a DATE OF OPERA	TIFICAT	2
27a. I certify that (I) (this hospital attended the deceased from 2/3/79, 19, to 3/2/79, 19, the saw the deceased folion on 3/2, and that in (m) (our) opinion death occur/ed on the date and hour and from the compose (II) we (did) (did not) view the body after death. 27b. SIGNATURE DEGREE 27c. DATE SI	STATE			N/A	19	M. MONTH DA M. OF INJURY	P.A 21e. PLACE C	CAUSE OF DEA	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		9
sow the deceased live an 19 79 ond that in (m) (our) opinion death occurred on the date and hour and from the condove (ii) we (did) (did not) view the body after death. 27b. SIGNATURE DEGREE 27c. DATE SI		9,	3/2/29	7/3	3/3/			ORK -	AT WORK AT WO		
Chegory () / Cormacke PHYSICIAN DIRECTOR PHYSICIAN DI		ote and hour and from the c	MEDICAL STAFF	that in (our) opinion of the transfer of the t		197	3/2	ed olive on.	saw the decease		
1 PHYSICIAN NAME (INDEORPRINT) 120 ADDRESS Mc Cormack Dercy Hospital Balton	md_	Balton	Hospital	Mercy 1	100	7		1	22d. PHYSICIANS N.		1
236. BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 OCATION CITY OF TOWN Burial 3/8/1979 Mt. Calvary Ch. Cem. Brookneal, Virgin	STATE	COUNTY	CITY OR TOWN						SPECIEVA	23a. B	1

ADDRESS

C. March F/H 1101 East North Ave

DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR

Wm.

BP.

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7.9-06523

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME LAST HTMOM (TYPE OR PRINT) Dora Edna PANNELL March 20 1979 7 - 45P M AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 4 RACE 5 DATE OF BIRTH MONTH DAYS HOURS 1899 Black Female 70. BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md Baltimore City WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) LIE NOT IN SUCH FACILITY GIVE STREET ADDRESS! INDUSTRY Baltimore Maruland General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13e STREET ADDRESS 136 COUNTY 13d INSIDE CITY LIMITS? Baltimore 442 Watty Ct. YES X Md. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE William Carter Carter Lena 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) William Carter Sr. 3004 Woodland Av 215-22-6439 No APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) Carcinoma Of Bowel With Metastases DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 2/2/79 Carcinoma Of Colon NO 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that XIX (this haspital) attended the deceased from December 27 March saw the deceased alive on March 20 ___ and that in (**X*(aur) apinion death accurred an the date and haur and from the causes stated abave, (Ne) (did) (adxist) view the bady after death 226. SIGNATURE DEGREE 22r DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 3/20/79 should be deto with the State MPORTANT: I PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Nicholas Mikula, Jr., M.D. c/o Maryland General Hospital 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE Md. Baltimore, Mt. Auburn Cemetery Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 1101 E. North Ave. C. March F.H.

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

(VRA 15 (4))

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06526 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 2b HOUR TYPE OR PRINT 29 79 Parker Richard L. 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 33 AR HOURS Male White 45 To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City USA Va. DIVORCED X WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR McKewin Road (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURS NO HOLD ROUTH BINSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a STATE 13. CITY OR TOWN Balto. 13d INSIDE CITY LIMITS? 903 McKewin Rd. Md. YES TX 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST Eſïzabeth AMES JAMES E. PARKER ADDRESS Ing WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 231-42-8679 903 McKewin Rd. Yvonne Brown 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ARI)10M40PATTO Canditians, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOL YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) à 214 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220 I certify that (I) (this haspital) attended the deceased fram saw the deceased alive on and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady ofter death DEGREE 12c DATE SIGNED MEDICAL + ATTENDING STAFF Shauld be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS elemen.M.D 201 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL CITY OR TOWN 4/2/79 SELBYVILLE, REDMAN CEMETERY Burial DELAWARE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 1101 E. North Ave. Wm C March F/H (VR A 15 (4)) APR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-Stewart Robinson Parker 5. DATE OF BIRTH IF UNDER 24 HRS 8:45A 2c. DATE PRONOUNCED Jan. 1952 Male Black DEAD 7 19 79 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA DIVORCED WIDOWED Baltimore City 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Labor Baltimore City University Hospital HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13e. STREET ADDRESS 156. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13a. STATE YES Box 17 Calvert Frederick NO Marvland PAGES I AND 2 S 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE FIRST Horace Parker Sewell Artena 17. INFORMANT MAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Box 17 Prince Frederick Gussie Gross unknown 18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) SIT PERMIT.
HYGIENE, D BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (d) Multiple gunshot wounds of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, at ony, which SED AS A BURIAL-TRANI HEALTH AND MENTAL CREMATION, OR REMOV gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE USI OF YES X NO [71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TO OR MEDICAL 8:15xx 3 subject shot by police CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. III. LOCATION 21d. INJURY OCCURRED AT WORK AT WORLE STATE STREET, FACTORY, FARM, ETC.) 125 N. Howard St. store Balto. MD 22a. I certify that I took charge of the remoins described obove, held an Inspection Inquiry and in my opinion 080 MARYLAND, 2 Hamicide X CERTA GOULD BE L DIRECTE WITH death resulted from: Accident Undetermined manner TITLE (SPECIFY) TO MEDICAL EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, V BALTIMORE, MA ACTUAL M.D. Assistant MEDICAL EXAMINER 3/7/79 SIGNATURE. Hormez R. Guard, M.D. EXAMINER'S NAME 111 Penn St. Balto. MD TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 73c NAME OF CEMETERY OR CREMATORY Md . (SPECIF Burial Calvert Chr. Cem. Pr. Fred. Mt. Olive Mar. 10-79 BP 24. FUNERAL DIRECTOR DHMH-17 Spencer E. Sewell Prince Frederick, Md. (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND

STATE OF MARYLAND 79-06528 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 2n DATE OF DEATH (TYPE OR PRINT) John Foster PARKS, Jr. 4 RACE 3 SEX 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAYS MONTH White Oct. 1923 To BIRTHPLACE STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED MINEVER MARRIED Baltimore City Pennsylvania USA WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR Sinai Hosp (TYPE OF WORK FOR MOST OF WORKING LIFE)

Chauffer INDUSTRY Baltimore Sun Paper Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21215 Baltimore 13e STREET ADDRESS 136 COUNTY 13d INSIDE CITY HAITS? Maryland 3923 Ridgewood Ave. YES IX 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME John MIDDLE Ethel Truxe1 Parks, Sr. 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. ADDRESS PRESTON ST., BALTIMORE 17 INFORMANT Same as (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 219.12.3382 Mrs. Thelma M. Parks 13 None (wife) 18 CAUSE OF DEATH Enter only one cause per line for a 1, (b), and (c) PART I, DEATH WAS CAUSED BY: ARCHON DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate (a), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h, IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOF Hygier NO [sho 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION 5 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 220.1 certify that all this haspital attended the sow the dedicated alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h. SIGNAT DEGREE 22c. DATE SIGNED ATTENDING TO FUNERAL E should be deto-with the State D DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22e ADDRESS LIDENGEICR 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d LOCATION STATE Mar. 19, 79 Glen Haven Cemetery Glen Burnie Burial 250. DATE REC'D. BY REGISTRAR 216 BE ISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4)) Singleton Funeral Home, Glen Burnie, Md.

SECT IN LESS BOTTOM Livy negrous to the second of the State of t Column S. Lands, one extent S. union Total 219.17.1782 rd. 1921-n . 1-174 Pich - 12 As as parties and the property that the second other ter win and done been domain, nd. of he will be the

BP DHMH - 16 50M 7/77 (VR A 15 (4))

HUBBARD FUNERAL HOME,

MPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumotic event, the medical examiner must be aprified

stor, page 3 ofter death

moy be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH				GIENE 79-06529			
		EASED NAME	FIRST	WIDDLE			LAST		2a. DATE OF DEATH	ONTH DA	AY YEAR	26 HOUR
		Victo	Helen		Pa	Patrick		-3/20/7			12Noan	
á	3 SEX	Female	White			DATE OF BIRTH PAY YEAR 12 28 08		6. AGE (IN YEARS LAST BIRTH		IF UNDER 1 YEAR	HOURS MIN	
3	CO	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND		75 CITIZEN OF WHAT COUNTRY? U.S.A.		MARRIE	MARRIED XX NEVER MARRIED WILL WILDOWED DIVORCED DI		BALTIMORE CITY OR COUNTY OF DEATH			MD.
4	10 CI7	CITY OR TOWN OF DEATH 11. NAME OF HOSE (IF NOT IN SUCH FACE ST A			HOSPITAL, NU	RSING HOME C	TAL		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) TAILOR 120. KIND OF BUSINESS O INDUSTRY CLOTHING			
3	13a. S'	ARYLAND	BALTI	TY	GIVE RESIDENCE B 13c. CITY OR T ARBUT	IOWN	13d. INSIDE CITY L	X 🗆	13e STREET ADDRESS 4831 CARME	LLA D	RIVE,	21227
艺	14. FA	THER'S NAME FIRST SYLVEST	MODLE	PATRICK		15. MOTHER'S MA FIRST ONA	IDEN NAM	WIDDLE		KING		
2		60 WAS DECEASED EVER IN U.S. ARMED FORCE (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)				5-7993	ANNA M.	KUNZA	ADDRES		DRIVE.	21227
j		Conditions, if any, which gover rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
	CERTIFICATION	190 DATE OF OPERAT	19b. CONDI	TION FOR WH	HICH OPERATION	OPERATION WAS PERFORMED		200 AUTOPSY? YES NO		WERE FINDING CAUSES		
		23g. ACCIDENT WAS UNDERLYING 21b. TIME O HOUR A. (IF EITHER, NOTIFY MEDICAL EXAMINER)		M. MONTH DAY YEAR		21c. HOW INJURY OCCURR		D (ENTER NATURE OF INJURY	IN ITEM 18, PAI	RT 1 OR PART 2}		
	MEDICAL	21d INJURY OCCURR	ILE []	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	7	COUNTY	STATE
		220.1 certify that (1) (this hospital) attended the deceased from										
		22b. SIGNATURE					DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/20/79					
1		1226. PHYSICIAN'S NAME (TYPE				G back	St. Agnes Hospital, 900 S. Caton Avenu					venue
- 1		URIAL, CREMATION, F		23b. DATE	T	23c. NAME OF C	EMETERY OR CREM		23d. LOCATION			STATE
	(5	BURIAL 03-24-7			79				BALTIMORE		MA]	RYLAND
	24. FU	NERAL DIRECTOR					21229	25a. DATE	REC'D. BY REGISTRAR	Sh. REGISTR	AR'S SIGNAT	TYRE

4107 WILKENS AVE.

INC.,

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

STATE OF MARYLAND

CERTIFICATE OF DEATH

79-06530 DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20 DATE OF DEATH MONTH 26 HOUR 1979 1:15 IF UNDER 24 HRS IF UNDER I YEAR DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12h CHUR PETEUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) REISINGER 6474 MONTGOMERY ROAD WELCH ADDRESS21227 6474 MONTGOMERY ROAD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

COUNT

22c DATE SIGNED

BALTO, MD, 21229

MARYLAND

BALTO., MD. 2122 9250. DATE REC'D. BY REGISTRAR 256. REG

DHMH-16 20M

(VRA 15, 4) 7/7B

24 FUNERAL DIRECTOR

- STATE

REGISTRAR

510 121

DEPARTMENT OF HEIALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME FIRST (TYPE OR PRINT) ESTI-Pauling R. Ernest Jr. DEATH MATED 3 19 79 6. AGE (IN YEARS | IF UNDER) YR. 4 RACE IF UNDER 24 HRS 3. SEX DATE PRONOUNCED black male 30 19 79 49 M BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) U. S. A. DIVORCED Maryland WIDOWED [Baltimore City 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS 3010 W. North Avenue / hallway Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN 2576 Druid Park Drive Baltimore YES S NO [Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Ernest Pauling ,Sr Robinson Margaret 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Margaret Pauling 808 Whitelock St. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) GETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound of the chest (22 rifle) IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF ARTMENT OF YES X NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR shot by assailant CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. house hallway 3010 W. North Ave, Balto. NOT WHILE MD AT WORK AT WORK Autopsy X 22a. I certify that I took charge of the remains described above, held on Inspection Inquiry Hamicide X Undetermined manner Assisant EXECUTE THE CANDING TO FUNERAL DI AFTER DEATH, V RALITMORE, MA 3/3/79 ACTUAL DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street, Baltol. MD 21201 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 3/9/1979 Baltimore, Maryland Burial New Cathedral Cem. 24. FUNERAL DIRECTOR **DHMH-17** wm. C. March F/H 1101 East North Ave. VR A15 ME (5) 15M 7/76

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		Carrie	Eng-FFL V	
	A Marin College			

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH Estel Pennington EWNING-TON RACE DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY MON YEAR DAYS MALE CAUC In BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY West Virginia U.S.A. Baltimore City WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND NEW INFASPINA (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Coal Miner Baltimore City Hospitals Coal Co. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 MSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 241 Baltimore Avenue Dundalk Maryland NOX 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME William MIDDLE MIDDLE Pennington Minnie Burton 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT Baltimore Ave TYPS NO OR UNKNOWN No 407-01-3564 Lee Atta Pennington-Balto, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY RESPIRATORY CARDID DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 Shy 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. JF YES, WERE FINDINGS USED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? Hygier NO YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M ŏ 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE WHILE MARFU 220.1 certify that (1) (this haspital) attended the deceased from. MAREY 10 19.79 sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE Stote Dept 22c. DATE SIGNED ATTENDING STAFF TO FUNERAL E should be deto-with the State D PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: 27e ADDRESS ACCAVEW HOSPITAL 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BP Burial Oak Lawn Cemetery Baltimore, Baltimore, MD 24 FUNERAL DIRECTOR Duda-Ruck, Inc. DHMH - 16 50M 1/76 Wise Avenue, Dundalk, (VR A 15 (4)) 21222 MD

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	19	- 00	33	4
		CEASED NAME FIRST OR PRINT) / NCE	T	m i	Pe	ran;	2a. DATE OF DEATH	3 25	79 79	26 HC	SO A
	3. SEX	MALE	4 RACE Whit	18	5 DATE C		6. AGE UN YEARS LAST BIRTH		FUNDER I YEAR	#F UNDI	MIN.
1		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	_	BALTIMORE CITY OF		OF DEATH		MD.
1	1	TY OR TOWN OF DEATH		CH FACILITY, GIVE STREET A	DORESS)	one other institution	120 USUAL OCCUPATION (TWO OF WORK FOR MOST OF		126. KIND CINGUSTRY	ing.	Ind.
5	USU A 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 134, COL		GIVE RESIDENCE BEFORE BROOKLYN	admission)	13d. INSIDE CITY LIMITS? YES NO 🏋	130 STREET ADDRESS	Ave. 1	3 rookl	225 yr,	Md.
7	14 FA	THER'S NAME Paul	WIDDLE	Peranio		15. MOTHER'S MAIDEN NAM	nknown MIDDLE		LAS	37	
2	Q	VAS DECEASED EVER IN U.S. A 65, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	213-09-95		Victor Peran	io 2409 2282	-	Pas. 1	nd.	21122
	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	(b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVE	N IN PART 1	01	
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	20a. AUTOPSY?		WERE FINDING CAUSES		ATH?
	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. certify that (1) (this has sow the deceased alive or obove. (1) (we) (did) (did, gives the control of th	EATH P. 21e. PLACE (AT HOME, ST Porto) ottended the porton view the body	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA the deceosed from 19.7	9 , ai	21t. HOW INJURY OCCURE 21t LOCATION STREET 19 And that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	city or tow	N 25., 1 te and hour	COUNTY 9.79.	that (I)	
		221 PHYSICIAN'S NAME (TYPE	ROSL	EY		936 ° W	. North	Au	e 1	Sa	ltok
	23a. B	URIAL, CREMATION, REMOVA	3/27/	1.1.		EMETERY OR CREMATORY	Glen Burn	ie. An	OUNTY Anu	ndo	STATE Md

250. DATE REC'D BY REGISTRAR 256 MAR 2 7 1979

BP. DHMH - 16 50M7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

eral Director

MANUELLY F. H. Mountain & Tick Neck Rds. Pas. Md.

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Mackrobur Parry Br. 611 F. Bidda

Arried 3/30/79 t. Anders General Paltimon,

m. C. Arrel E/H 1161 E. North Av. MAR 27 1979 Arguing

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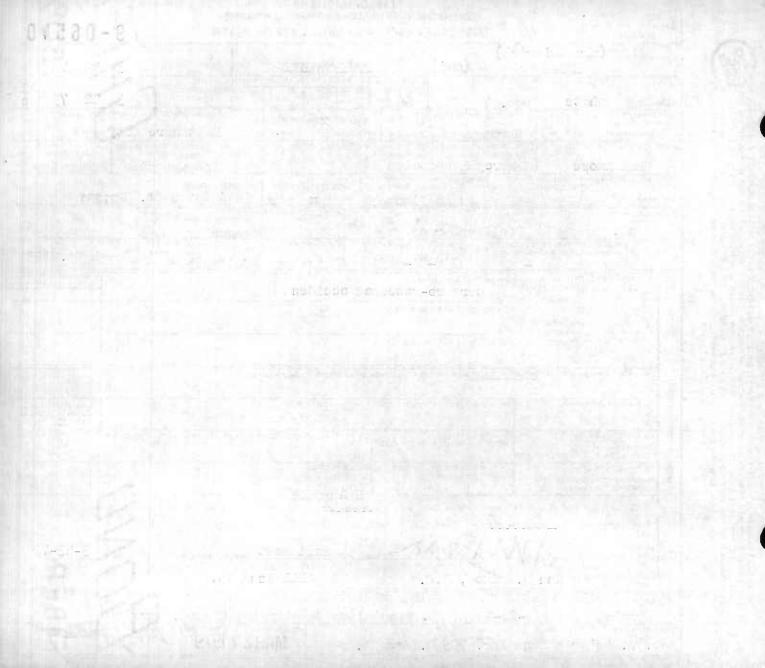
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20 DATE OF DEATH MONT (TYPE OR PRINT) DOGT 3 PETERSON 3:20 PM 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) MALE 79 02 16 0 10 BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MD USA 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MT. WAS ADMOTON DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? MEADOW YKWY MD 6000 GREEN 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE PETERSON ANDRE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) PAUL BOONAR 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY ARDIAC 27AC IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF MAIN PULLTONARY RRITER 170. ATRESTA Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF 13 underlying cause 70. RISOMY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION RETARDATION KIDNEY 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20a AUTOPSY? ā IN CERTIFYING CAUSES OF DEATH? NO YES [NO X sho burial-transit Mental Hygie 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a.1 certify that (1) this hospital) attended the deceased from sow the deceased glive on abave. (I) (we did) did not view the body after death (our) opinion death occurred an the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF TO FUNERAL Eshould be detained with the State E PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS DON HOSPITAL 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 3/20/79 Arbutus. Md. Arbutus Mem. Pk. Burial BP. 250 DATE REC'D. BY REGISTRAR 250 MAR 2 0 1979 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 C. March F/H 1101 E. North Ave. (VR A 15 (4))

Burgel 3/20/72 Arbutun Mrn. Pr. - Trutur.

m. S. Merch F/H 1100 E. North Ave.



IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must

FOR

STATE OF MARYLAND

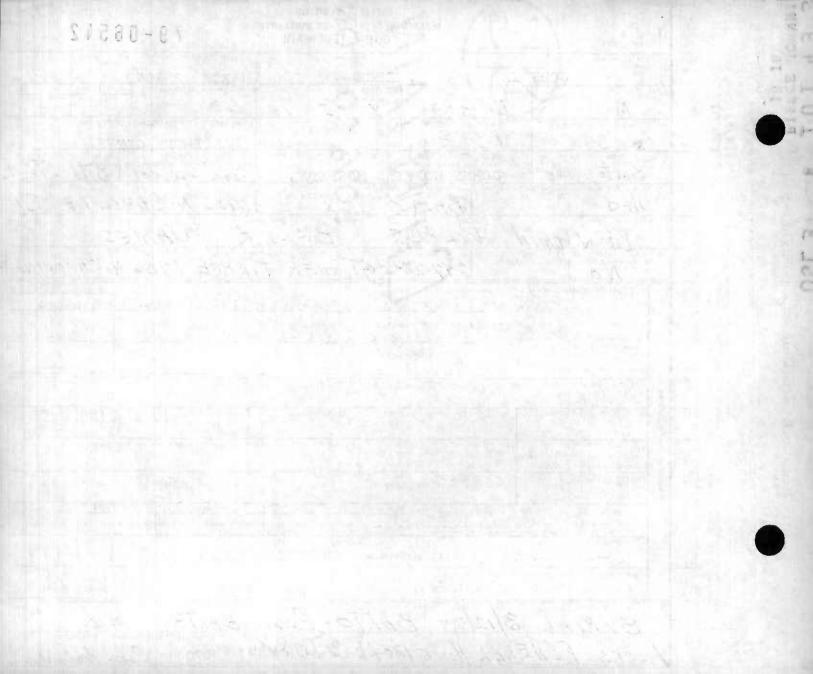
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10		REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. N	10.	9-11	541	
2		DECEASED NAME FIRST MIDDLE TYPE OR PRINT) JOSEPHINE			G.	A/K/A Filinowicz			MARCH 5, 1979 11:4				
	3. SEX	(4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIE	THDAY	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN	
		emale		White	е		10, 191		68	YRS.	MONTHS DATS	HOURS MIN	
03		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE	NEVER MAR	RIED 🗆	9. BALTIMORE CITY	OR COUNT	Y OF DEATH		
20		ryland		USA		WIDOWE	DIVOR	CED [Baltimo		ty,	MD.	
35		TY OR TOWN OF DEA	ATH .	(IF NOT IN SUCI	OSPITAL, NURS HEACILITY, GIVE STRI HOSDIT	EET ADDRESS)	OR OTHER INSTITU	NOIT	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Housewif	OF WORKING L	12b. KIND C INDUSTRY	OF BUSINESS OR	
35	13a. S	AL RESIDENCE (IF NURS TATE ryland	13b COUP		GIVE RESIDENCE BEF 130. CITY OR TO Baltin	NWC	13d INSIDE CITY YES X NO	LIMITS?	13e STREET ADDRESS 114 S. C	napel	Street		
710	14 FA	THER'S NAME FIRST George	400	MEDDLE laspy	LAST	last Amelia			Slowik LAST				
1		AS DECEASED EVER		MED FORCES?	166 SOCIAL SE	SOCIAL SECURITY NO. 17. INFORMANT			ADDRESS				
	,	no			213-03	13-03-9285 John A. Philli			lips 114	lips 114 S. Chapel St.			
2	CERTIFICATION	190 DATE OF OPERAT	which mediate g the lost	DUE TO, OF DUE TO, OF (b) DUE TO, OF (c) CONDITIONS CO	R AS A CONSECUTION FOR WHICH	S A CONSEQUENCE OF S A CONSEQUENCE OF TRIBUTING TO DEATH BUT NOT RELATED TO THE TERM ONGESTIVE HEART FAILUE ON FOR WHICH OPERATION WAS PERFORMED			MINAL DISEASE OR CONDITION GIVEN IN PART 1(0)				
9	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 210. I certify that (I) this haspital oftended the deceased from 3-5 19 sow the deceased alive an above, (I) and (id not view the body after death. 218. SIGNATURE C. WEYGEA - Beauty DEGREE ATTENDING MEDICAL STAFF APPLYSICIAN DIRECTOR PHYSICIAN DIREC								county 19 79 our ond from the	SIGNED		
1		C. VE	4	A SOAR	ES, M.	D.			CH HOSPIT				
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE	
		Burial		Mar.9	.79	St. St	anislaus	Cen					
		JNERAL DIRECTOR			ADDRESS				REC'D. BY REGISTRAL	25b. R5 IS	TRAR'S SIENA	URE	
	Di	ppel Brot	hers	, Inc.	7110 B	elair :	Rd. 2120	9 MAR	7 1979	jusy	7/100	room	

DHMH - 16 50M 7/77 (VR A 15 (4))

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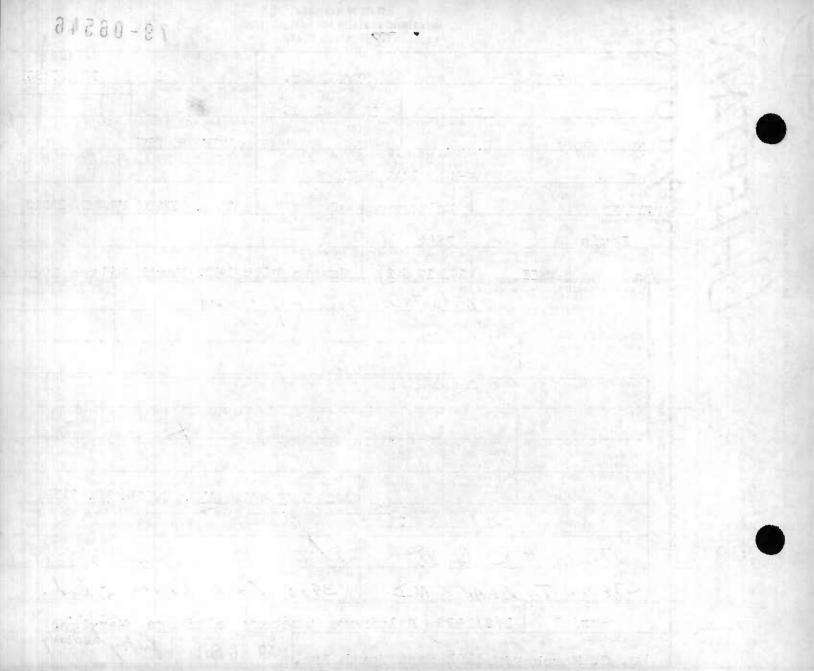
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST I. DECEASED NAME FIRST 2a. DATE OF DEATH HINOM (TYPE OR PRINT) JOHNNIE PIERCE MARCH SPM M 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAY YEAR MONTHS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? ISTATE OR FOREIGN COUNTRY MARRIED NEVER MARRIED DIVORCED | BALTIMORE WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 126 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 134-GITY OR TOWN 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE 160 WAS DECEASED EVEN IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CERTIFICATION 198 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [DIVISION OF VITAL Hygi 216 ACCIDENT WAS UNDERLYING 216 TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 MEDIC 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from march March March 8 saw the deceased alive on ____ 19/ _, and that in (my) (Dur) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS FUNE old be awrence £ 0 4 23d LOCATION 23a BURIAL CREMATION REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b, DAJE STATE BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-16543 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME ANID OLD LAST 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) T. JAMES PILKERTON, Sr. 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 5. DATE OF BIRTH Male Caucasian 1914 TO BIRTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY) Baltimore City Maryland WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Loch Raven (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Polif Warehouse Forman Baltimore Baltimore, B&O RR DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER 1-1-14 MIGN, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
131 COUNTY
132 CITY OR TOWN 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Baltimore Maryland 58 South Carrollton Ave. YES A NOF 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 0 MIDOLE MICOLE LAST MILTON J. MARIE PILKERTON RICE ADDRESS Ave. 21223 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-03-8559 Mrs. Frances E. Pilkerton, 58 S. Carrollton Yes IIWW 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c) PART I, DEATH WAS CAUSED BY: APFEST IMMEDIATE CAUSE (o OR AS A CONSEQUENCE OF LINER DISEASE ALCO HOLIC Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost 0 ö ple PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 ă CERTIFICATION 0 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? 0 d IN CERTIFYING CAUSES OF DEATH? urial-transit peri shows NOV NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 s the buriol-tre HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TI CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 20 21d IN JURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE February 22a. | certify that (1) (this haspital) attended the deceased from_ hospitol DIRECTOR sow the deceased alive on __March 79 _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death TO FUNERAL DIRECT should be detoched for with the State Dept to If Item 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 3900 Loch Raven Boulevard Baltimore, Maryland 21218 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Mary land Baltimore City, 3/12/79 New Cathedral Cem. Burial Balto.,Md.21229 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. RECOSTRAR'S SIGNATURE DHMH - 16 50M 7/77 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR A 15 (4))

Hubbard Funeral Home, Inc. 4107 Wilkens Ave. MAR

(VRA 15, 4) 7/7B



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME FIRST CATHATINAMIDOLE LAST Piquett 2a DATE OF DEATH 14 MONTH 26. HOUR TYPE OR PRINTS 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER LYEAR IF UNDER 24 HRS YEAR OAYS MONTH HOURS amale hite BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWEDI DIVORCED [BALTIMORE CITY IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17ª USUAL OCCUPATION 126, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife BAL TIMORE AGNES HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 136. CULODE CLASSION 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES [NO I 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRST MIDOLE LAST MIDDLE 111. A. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 216-16-3679 anet Thomas, 6011 Cecil Ave. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF ardiogenic Conditions, if ony, which gave rise to immediate (o), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE march 228.1 certify that (1) (this hospital) attended the deceased from

and that in (my DEGREE ATTENDING

22e ADDRESS

saw the deceased alive on March 7 abave, ((we)(did)(did not) view the body ofter death March 17 10 79 (lour) opinion death accurred on the date and flour and from the causes stated 22c DATE SIGNED

Lorraine Park Cem.

224 PHY MCIAN'S NAME (TYPE OR PRINT

23e BURIAL, CREMATION, REMOVAL

HITEHOUSE

PHYSICIAN |

DHMH-16 20M (VRA 15, 4) 7/78 (SPECIFY) Burial

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN

Baltimore.

DIRECTOR PHYSICIAN

MEDICAL

COUNTY

STATE

24 FUNERAL DIRECTOR 1630 Edmondson Avers Catonsville, Md Witzke Funeral Home of Catonsville, P. A22228

81230-8518 BUT A TO THE BUT OF THE REPORT OF THE PROPERTY OF THE PARTY OF THE PAR BI IN L. C. CONNECT CO. Day THE RESERVE OF THE PERSON OF T Sign con the movement of the contract of the c E - Da, corolate but, look . Simeble YOAG-08-EIS - To The state of the second communications of the . Dist. of Joing to a state of the state of . No. reddanib, emon stort brankani-al Kinettein

U. S. A.

AND THE RESERVE OF THE PARTY OF

Md. Beltimer x 1510 M. Soring St.

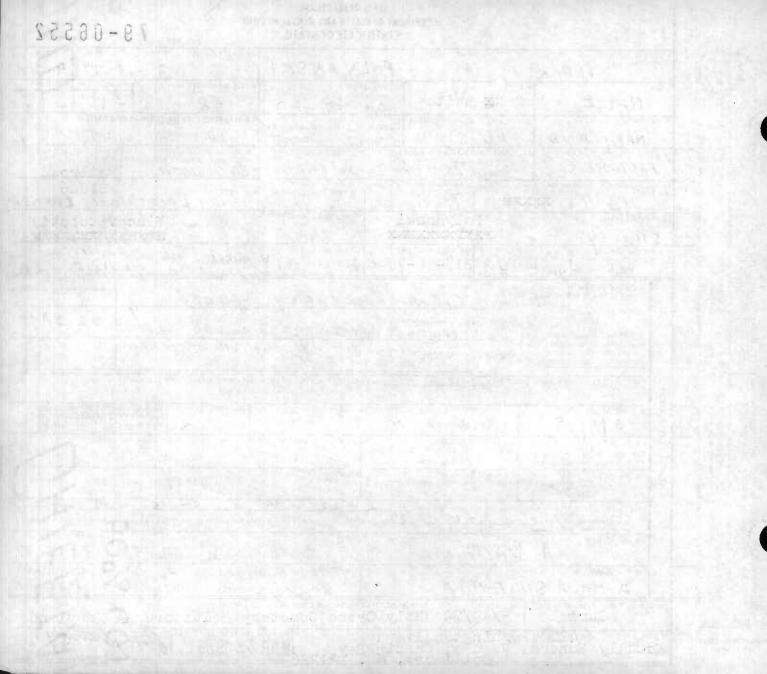
Alex S. Pointer Gratuate M. Chandler

Burist 3/26/79 Ming Memorial Pt. Baltimore Country, Rd.

Wm. C. Morch E/H -1101 F. Worth Ave. WAR 21 A73 Keep Study

216-12-7862 Grered M. Fointer 1510 N. Spring

79-06551 The seaf Marin I The breeze a will exceed a Levit with Consequence of the second seco



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and Mental Hygiene prior to this certificate has

MPORTANT: If Item 21 is marked or Item 18 show

should be detoched for use as the with the State Dept. of Health and

FUNERAL DIRECTOR: After

be

STATE OF MARYLAND

DED A DEMENT OF HEALTH AND MENTAL HYCITAL

	1 -	STATE REGISTRAR			DEFARIN		ICATE OF D		REG. NO		- 065	3 3
		CEASED NAME OR PRINT)	JERRY	,	AIDDLE	POF	AST PE		3- 12- 79	MONTH	DAY YEAR	26 HOUR 856 PM
	3 SEX	nale		4 RACE BLACK		5. DATE C		YEAR 22	6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
9	CC	NIA		76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER M	ARRIED D	BALTIMORE CITY O	_		MD.
8	B	ALTO CIT	1	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET TY OF MAR	ADDRESS)			178 USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE			F BUSINESS OR
5	13a S	AL RESIDENCE (IF NI TATE RYLAND	URSING HOME OR		GIVE RESIDENCE BEFORE 134 CITY OR TOWN BALTIMORE	N	13d INSIDE CIT	Y LIMITS?	13e. STREET ADDRESS 679 ARCHER	ST .		
20	14 FA	THER'S NAME FIRST	,	MIDDLE	POPE		15 MOTHER'S	RST	WIDDIE		DICKE	لله
,	(Y	VAS DECEASED EVI ES, NO OR UNKNOWN) KNOWN		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 246-18-0		MPR W		A G19 ARCHER		BALTO. Z	1230
		PART I. DEATH 436 Conditions, if or gave rise to it	IMMEDIAI ny, which immediate	D BY E CAUSE (0) C DUE TO, OI	Ine for (01, 161, one ERE BRAL R AS A CONSEQUE CEREBRAL V	VIASCU NCE OF ASCULI						MATE INTERVAL CHISET AND DEATH
Ó	ATION	PART 2 OTHER SI	GNIFICANT	CONDITIONS CO	ONTRIBUTING TO D SET PIAP TION FOR WHICH	DEATH BUT	MELLIT	5	INAL DISEASE OR CONI		IVEN IN PART 110	
1	CERTIFIC.	2-24-79			STOMY- PRO	LONGE	ם ומינים	HOITE	YES NO	IN CERT	IFYING CAUSES	

MONTH

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) DAY YEAR

079

CITY OR TOWN

COUNTY STATE

and that in (any) (our) opinion deoth accurred on the date and hour and from the causes stated 22c. DATE SIGNED

MD 22e. ADDRESS

Mount Auburn

DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

6. WHIPPS

220.1 certify that *(this hospital) attended the deceased from saw the deceased alive on 3-12 197 saw the deceased alive an abave, (1) (we) (did) (did not) view the bady after death

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d_INJURY OCCURRED

22b. SIGNATURE

23a. BURIAL, CREMATION, REMOVAL Burial

WHILE

21f LOCATION STREET

UNIVERSITY OF MR. HOSPITAL

23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY

Baltimore

COUNTY STATE Md.

24. FUNERAL DIRECTOR

MEDICAL

Rice 1300 Eutaw Place

23b. DATE

HOUR A.M.

P.M

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

25a. DATE REC

DHMH - 16 50M 1/76 (VR A 15 (4))

2

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a. DATE OF DEATH I. DECEASED NAME MARIE (TYPE OR PRINT) 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE MARRIED NEVER MARRIED COUNTRY Baltimore City DIVORCED WIDOWED 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Saleslady Rice's DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Bakery USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimore 13g. STATE 13, STREET ADDRESS 21228 CITY OR TOWN 13d. INSIDE CITY LIMITS? Catonsvill Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Naomi Brengle Bandel 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATE (YES, NO OR UNKNOWN) Mr. John E. Fendlay (as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far 101, (b), and ic PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE to Canditians, gove rise to immediate couse (a), stating the A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NON buriol-tronsit p YES NO F 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION ŏ CITY OR TOWN COUNTY AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK 220.1 certify that (I (this hospital) attended the deceased from saw the deceased alive on. and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated abave (I) (we) (did) (did not) view the bddy after death should be detached with the State Dept. 226. SIGNATURE DEGREE 22c. DATE SIGNED = ATTENDING MEDICAL IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d_PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 0 % 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE Burial Mount View Cem. Sykesville, Maryland G PUNERAL DIRECTOR Schwab GISTRAR 256. RECISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4))

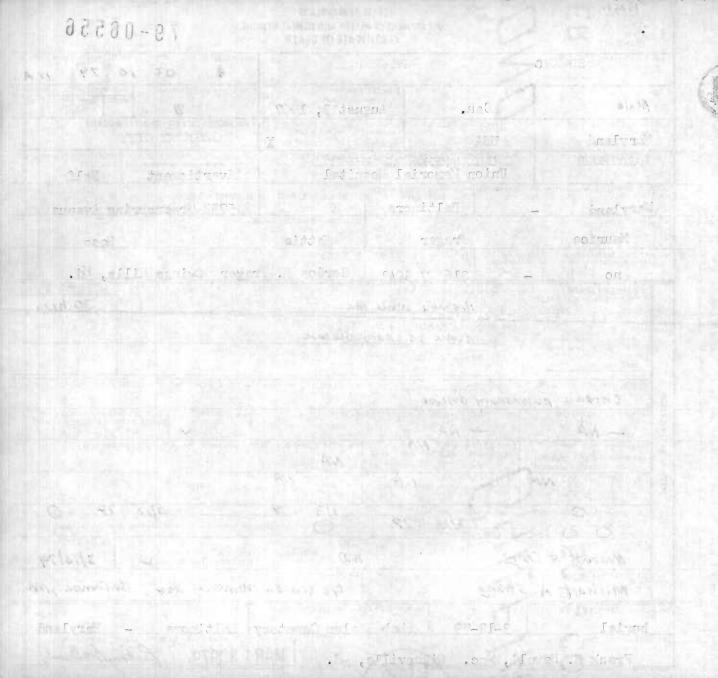
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79-06555 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE 20. DATE OF DEATH DECEASED NAME MONTH 2b. HOUR TYPE OR PRINT) Taylor 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH YEAR Male White 01 10 TO BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Pennsylvania USA Baltimore City. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Sinai Hospital Metalurgist Armco Steel DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ld be ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 4303 Kolb Avenue YES DO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST MIDDLE pup Ida T. Powelson B. Darwin unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 16b SOCIAL SECURITY NO 17 INFORMANT 21206 I (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Bernard L.F. Winters 4300 Kolb Aven XXX 715-12-4073 APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c PART I DEATH WAS CAUSED BY werwhe OR AS A CONSEQUENCE OF onditions, if any, gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last. ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION We hero 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 71b. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 71d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 5 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE orked NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from 3/20 saw the deceased alive on and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22: DATESIGN 276 SIGNATURE DEGREE ATTENDING + MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN be de e Stot 22d. PHYSICIAN'S NAME (TYPE OR PRIM) 22e. ADDRESS should be with the 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Md. STATE Co. Baltimore Gardens of Faith Rurial 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Brothers, Inc . 7110 Belair Rd. 21206MAR (VR A 15 (4))

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OCEE 7

	REGISTRAR	CEKIII	FICATE OF DEATH	REG. NO	1000	00.
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	Luna	Prat		March 6,		9:45P
3 SE	FEMALE	BLACK SEA	T. 112 1909	6 AGE (IN YEARS LAST BIRTI	MONTHS DAYS	HOURS MIN
70. BI	IRTHPLACE (STATE OR FOREIGN TO DELL'ACTION OF THE COUNTRY)	U.S. H. WIDOW	ED NEVER MARRIED	Baltimore		M
В	Baltimore	MERCHAGE OF HOSPITAL, NURSING HOME (MERCHAGE)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OF BUSINESS OF
5 130. S	NAL RESIDENCE (IF NURSING HOME OR O'STATE ARYLAND BACT ATHER'S NAME	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y I JUNE 13/4 CITY OR TOWN	13d INSIDE CITY LIMITS? YES NO PORTION NAME OF THE PROPERTY OF		DGE FARM	ROAL
30	CHARLIE	FAISON	SAVANN	ADDRE ADDRE	LA	st
	WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN) (IF YES, GIVE W				LODGE FAX	em Rua
Z	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT		NAL DISEASE OR CONI	DITION GIVEN IN PART 1/	0
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, WERE FINDING CAUSES YES	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	216 HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR		STATE
	22a 1 certify that (Mythis hospito sow the deceased alive any obove, Mywe) (did) (did hospito 22b. SIGNATURE	March 6 19 79 o	nd that in (N) (our) opinion d	, toMarch eoth occurred on the do	6 , 19 79 , ote and hour and from the	
	22a I certify that (Mithis hospito) sow the deceased allow any above, Mi(we) (did) (did had) 22b. SIGNATURE THELLE BILL	March 6 79 79 00 Vivew the body ofter deoth.	nd that in (ny) (our) opinion d	, 10	221. DATE	
7	22a.1 certify that (Mithis hospito sow the deceased alive any above, Mi(we) (did) (dis not) 22b. SIGNATURE	March 6 19 79 . o view the body offer death. (a LLING 711) RM.D.	nd that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	224. DATE 3/7	

DHMH - 16 60M 1/75 (VRA 15 (4))

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NARTHAUD BEGINNING BARRES C. STORING SOLD CHARTEE FAISON SAIRWAY TO I THE THE PART PART SHAFT STATE OF THE STATE O

BURNESS OF THE PARTY OF THE PAR Later D. B. B. B. C. Color September 1883 1 15 15 10 10 20 21 page

completely filled in

attending physician and c ave carbanpapers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the haspital or attending physici injury, ar other traumotic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shaws

1.	FOR STATE REGISTRAR		DEPAI	RTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	o.	79-0	6558
	CEASED NAME	FIRST	MIDDLE	L	AST	20. DATE OF DEATH	нтиом	DAY YEAR	2b HOUR
(1.07)	. OK TRIBIT	Bessie	Р.		Price	March 5,	1979		10-12 PM
3. SE	Female	4.1	RACE White	5. DATE O	uary 31, 1878	6. AGE (IN YEARS LAST BIRTI		FUNDER I YEAR	HOURS MIN
	RIHPLACE (STATE OR MANY)	FOREIGN 7b	CITIZEN OF WHAT COUNTR	MARRIEI WIDOWE	D NEVER MARRIED	Baltin Baltin			MD
10 C	Baltimore	2 /		Vursing	11	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIF	EI INDUSTRY	Home
11/1/	al residence (# NU STATE anyland	Histo County		OWN	138. INSIDE CITY LIMITS?	13 STREET ADDRESS 1	Road	211.	22
14. FA	George	Washing	iton Elton inst		15. MOTHER'S MAIDEN NA Harriet			Kell	st Y
	WAS DECEASED EVE	R IN U.S. ARME			Mr. Charles	W. Price, J.	tena,	Maryla 77 Byrd	nd 21.122 Road
		TH (Enter only of WAS CAUSED B	ANTE	ondicil	out Heart B	esario		BETWEEN	ONSET AND DEATH
	Canditions, if an gave rise to in couse (a), statunderlying cau	y, which nmediate ing the			endan Arsine	20 h #1a)	ye	ds
N O	PART 2 OTHER SIG	GNIFICANT COM	NDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	LINAL DISEASE OR CONE	ITION GIV	'EN IN PART 10	01
CERTIFICATION	19a DATE OF OPER	ATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIF YING CAUSES S	
	210. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER, NOTIFY MED	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 1B, F	PART 1 OR PART 2]	
MEDICAL	21d. INJURY OCCU		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	'N	COUNTY	STATE

- 1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P,M,	19				
		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	RM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STA
	AT WORK AT WORK		-14.0		14 4		

_, that (I) (ve) lost sow the deceased alive on and that in (my) (alg) opinion death occurred on the date and hour and from the causes stated did pollyriew the body ofter death 226. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE ORPRINT)

Barbana A. (ochran, M.D.

DIRECTOR PHYSICIAN 22e ADDRESS Park Heights Avenue Balto., Md. 21215

MEDICAL

230. BURIAL, CREMATION, REMOVAL

234 NAME OF CEMETERY OR CREMATORY Woodlaun (emetery

23d LOCATION WOOdlawn Baltimore Maryland

Home of Brooklyn

MAR

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

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6.42	177 E-1885	X		Sant about a	men and and
				That May was and	
		olitaries	.5% (9.50		
			A Section		
	La Prof. E.S.				
			0.00		
10. 11. 22.15				coins, I.B.	
					Philippe III

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If Item 21 is marked or Item 18 shows any

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-06559

	REGISTRAR		CERTIFIC	CAIL OI DEAIN	REG. N	0.	000	0
	CEASED NAME FIRST	MIDDLE	U	721	2a. DATE OF DEATH	3 / 5	/ YEAR 2h	HOUR 103
- 05	Samu			chett	1.105		17	4 PM
3. SE	Male	White	S. DATE O	60-1893 YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF U	TOTAL TEPAR	JNDER 24 HRS PURS MIN.
2	Batto. M.	7b. CITIZEN OF WHAT COU	WIDOWE		9. BALTIMORE CITY S	ore C	DEATH	MD.
1	3Altimore		e STREET ADDRESS)	1 Hospital	TYPE OF WORK FOR MOST OF	F WORKING LIFE)	126. KIND OF BU INDUSTRY Retin	-1
13a.	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE NTY	R TOWN	YES X NO		en Oak t	Ivenue -	21206
		it chett LA	BALLE	15. MOTHER'S MAIDEN NAM	inzer MIDDLE		LAST	
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN} (IF YES, GIVE		03-0028	Mrs. Anna K.	Pritchett.			
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (o),	(b), and (c).)	1			BETWEEN ONSET	TAND DEATH
			onany i	dema				
	Conditions, if any, which	DUE TO, OR AS A CON		and a				
	gove rise to immediate couse (a), stoting the	DUE TO, OR AS A CON	me du					
	underlying couse lost.		eble lu	ngtumor				
7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 110	
AT IO	19g DATE OF OPERATION	196 CONDITION FOR V	A/HICH OPERATION	I WAS DEPENDANED	200 AUTOPSY?	Tank IE VES W	ERE FINDINGS	LISED
CERTIFICATION			WHICH OF EXAMO		YES P NO	IN CERTIFYIN	G CAUSES OF D	
	2)a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURRI	ED JENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION				
WE	WHILE NOT WHILE D	IAT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN (COUNTY	STATE
1.3	22a I certify that (this hospi	ital) attended the deceased	from 2	126/1979		15/19	75 that	(we) lost
	sow the deceased alive on above, (we) (did) (3/5/7	19 79, on	d that in (our) opinion d	leath occurred on the d	ote and hour on	d from the cous	es stoted
	22b. SIGNATURE	S.		DEGREE	MEDICAL CTA		224. DATE SIGN	NED
	John Wi	Downe	m	PHISICIAN L	MEDICAL STA		3/5/	75
	JOHN W. BO			UN ION MEMOI	RIAL HOSPIT	'AL		
23a	BURIAL, CREMATION, REMOVAL SPECIF BURIAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	AA 2 COU	INTY	STATE
	LINERAL DIRECTOR	3-4-/9	Gardens		REC'D, BY REGISTRAR	Md.	'S SIGNATURE	
	John C. Miller	Inc. =6415 Bes	lair Rd.	21206	AR 1 2 1979	Tiofo	y Mc Cre	ody

No. 10 to 10		15	ritchett	n o tan	f.
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the funeral director, page 3 d within 72 hours after death

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-06560

		REGISTRAR				CEKTIF	ICATE OF U	EAIN	REG. N	0.	000	
		CEASED NAME	FIRST	,	MIOOFE	ŧ.	AST		2a DATE OF DEATH	MONTH	OAY YEAR	2b. HOUR
	(1117		MA			PRTV	ETTE			3	28 79	6:05 A
	3. SE)			4 RACE		I DATE O	C DIDTII		6. AGE (IN YEARS LAST BIRT	HOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	1	Female	3	Cauc		MONTH 8	1°5	80	70	YRS.	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FO	DREIGN	b CITIZEN OF	WHAT COUNTRY?	8.	NEVER A	AARDIED	9. BALTIMORE CITY C	R COUNT	TY OF DEATH	
3	- 1		USA	USA		WIDOWE		ORCED	BALTIMORE	CITY		MD.
	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN	NG HOME C		ITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
Ŧ.	В	ALTIMORE	10.0		HEMORIAL		TAL		Waitress	F WORKING		Coffee Po
	USUA 130 S	AL RESIDENCE (IF NURS	ING HOME OR		GIVE RESIDENCE BEFOR		13d INSIDE C	ITV HALITES	13e STREET ADDRESS			
5		Maryland	138 COOIA	90-	Baltimo		YES X	NO [5210 Bowle	ys La	ne 2120	6
	_	THER'S NAME		Seletas:				MAIDEN NAM				
20		Henry	M	7	Dahlen			ettie	WIDOLE .		All	
		VAS DECEASED EVER	IN U.S. ARA	AED FORCES?	166 SOCIAL SECU		17 INFORMA		ADDRI	SS	****	
	(Y	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	214 18 5	413	THE STATE OF					
		18 CAUSE OF DEAT	V Catanani								APPROX	ONSET AND DEATH
		PART I, DEATH W	AS CAUSED	BY:	DI		F	10,000			BEIMTEN	A Y
		4400	IMMEDIATE	E CAUSE (a)	rulmou		1-0	A COVER				71.
		7000		DUE TO, O	RAS A CONSEQUI	STLU 5	HEA	FRT	FAILURE		Year	25
		Conditions, if any, gove rise to imm	nediote	(b)	C 0.00C	7100	- 114-4	, , , ,	0 11			
		couse (o), statin underlying couse	9	DUE TO, O	R AS A CONSEOU	ENCE OF						
	3	DADY 2 OTHER SICA	HEICANITC	(c)	ONTRIBUTING TO	DEATH BUT	NOT BELATED	TO THE TERM	INAL DISEASE OR CON	DITIONIC	IVENI INI DADT 1/	(0.1
	Z	PROBAB	After.		MONIA,		BE+ES	TO THE TERM	INAL DISEASE OR COIL	DITION	TVETA HAT AKT TI	
	CERTIFICATION	190 DATE OF OPERA			ITION FOR WHICH			RMED	200 AUTOPSY?	206. IF Y	ES, WERE FINDI	NGS USED
5	FIC								YES NOTO	4	TIFYING CAUSES	S OF DEATH?
-	ER .	21a, ACCIDENT WAS UNE	DERLYING	21b. TIME O	F INJURY		21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU			
Z.		OR CONTRIBUTING		TH HOUR	MONTH B	AY YEAR						
	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d INJURY OCCURE		21e PLACE	, , ,	197	211 LOCATIO	N.				
	A A	WHILE NOT WE		(AT HOME, ST	REET, FACTORY, OFFICE, I	FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (I)		of) ottended th	e deceased from	31	21	19 79	10 3/2	8	19 79	that (I) (we) lost
		sow the deceose	ed olive on.	3/2	19	79 .01	nd that in (my)	(our) opinion o	death occurred on the d	ote and ha		
		obove, (I) (we) (c 22b. SIGNATURE	did) (did not	view the body	ofter death.		DEGREE			9 1107	22c. DATE	SIGNED
		10.10	106	ollas	TMD			TTENDING PHYSICIAN [MEDICAL STA		3/28	5/79
1	1	22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)	4 00		22e ADDRES		J DIRECTOR LI PHI SK	- 1- (T		
1		TAMES F	CAT	LANT, M.	D		TIM	TON MEM	ORIAL HOSPI	דאד.		
-	23a F	BURIAL, CREMATION,		23b. DATE		NAME OF C	EMETERY OR		23d. LOCATION			
	(SPECIFY) Rurial		04/02			re Nat		Baltimo	re	COUNTY	Maryland

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this

IMPORTANT: If them 21 is should be detached for with the State Dept. of

24 FUNERAL DIRECTOR
NAME
Walter Dabrowski

1005 Dundalk Ave. 21224

250. DATE REC'D, BY REGISTRAR 256. RECUSTRAR'S SIGNATURE



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR - STATE REGISTRAR	DEPAI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	79-06561
	I. DE	CEASED NAME FIRST	WIDDIE	L	AST	20. DATE OF DEATH	
		VER	MILLE A.	PU	TRNELL	MARCH 9	, 1979 4:45 m
	3. SE		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
		Female	Black	6	11 26	52	YRS.
20	70 Bi	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH
(2	10.61	Md.	U.S.A.	WIDOWE		BALTIMO	
20		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	REET ADDRESS)		126 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	
40		Baltimore AL RESIDENCE (IF NURSING HOME OR	THE JOHNS H	OPKINS	HOSPITAL		
35	13a S	Md.	III III III III III III III III III II	NWC	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 2521 E.	Chase St.
20	I4 FA	ATHER'S NAME	WIDDLE LAST		15 MOTHER'S MAIDEN NA/		LAST
U		Charles	Moore		Loretta	Mode	Lewis
1	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS
/		No		455	John Purne	11 252	1 E. Chase St.
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b),	and ic	111011 1001	75	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			E CAUSE (a) CAMO	rucina		-21	
	101	586-	DUE TO, OR AS A CONSECULATION OF THE PROPERTY	DUENCEOF	LINT		3-4 days
4	166	Conditions, if any, which gave rise to immediate	(ib) REIVA	UTA	LUKE		- rangs
	2/6	couse (a), stoting the underlying couse last.	DUE TO, OR AS A CONSEC	QUENCE OF			
			(c)				
	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF CHRONIC LIVE	OPATHY,	DABETES			
7	ICAI	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
2	RTIF					YES NO	YES NO
6		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M,	19			
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.]	21f. LOCATION STREET	CITY OR TO	WN COUNTY STATE
Ш		220.1 certify that (I) (this hospit	to) ottended the deceased from	n	2-15 19 79	to3	-9 19 79 that (1) (we) last
	5.7	sow the deceased alive an above (1) we) (did) (did no		76	d that in (my) (our) opinion o	death occurred on the d	ate and hour and from the couses stated
		226 SIGNATURE	1		DEGREE		22c DATE SIGNED
		rasquale W. t	senedetto	11	ATTENDING PHYSICIAN	MEDICAL STA	
1		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)		22e. ADDRESS		A
/			W. BENEDETTO				OSPITAL
	23a. B	BURIAL, CREMATION, REMOVAL SPECIFY) Burial			em. Pk Cem.	23d. LOCATION	re County, Md TATE
	24 FI	JNERAL DIRECTOR	3/14//3	THE M			25b. RECOTRAR'S SIGNATURE
		NAME	ADDRESS	Mass	MA	IR 1 9 1970	Listen Stallman
11.00	V	wm. C. March	F/H 1101 E.	NOTE	II Ave.	The Inta	7,1,1

1101 E. North Ave.

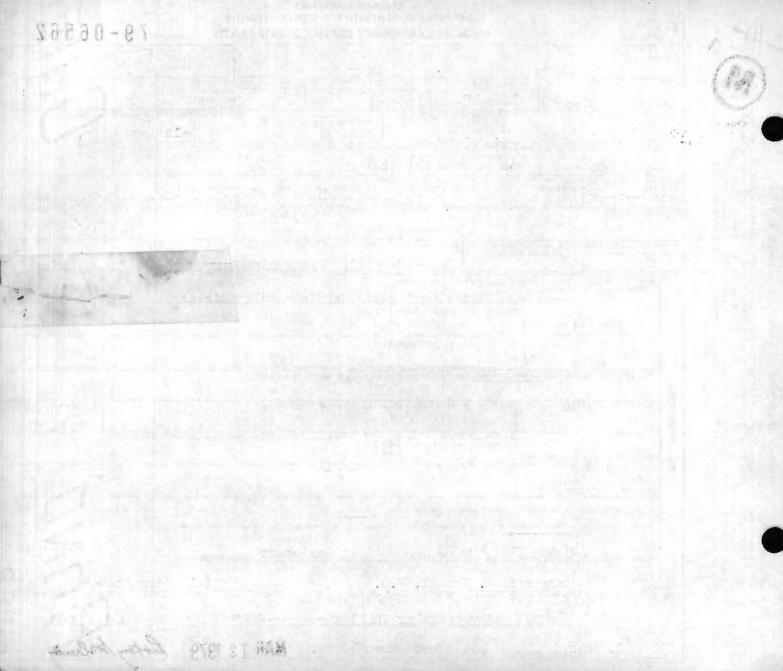
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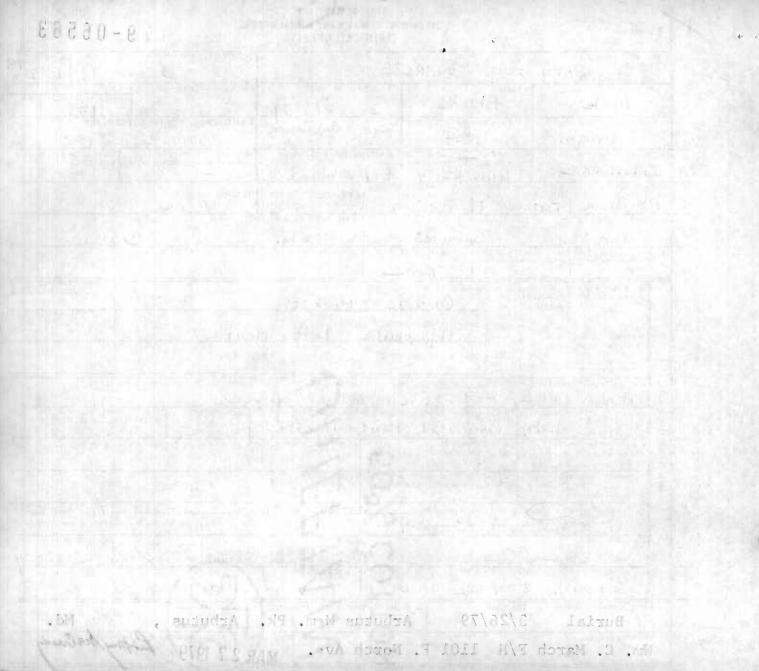
DHMH - 16 50M 7/77 (VR A 15 (4))



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o jara		233 MOH	excol.		อา.ไซาท์
21 E. Chase St	\$ 13	John Purns			0%
				ALTERAT	

Burial 3/14/19 King Yem. Die Gem. Beltimore Gounty, Md. Um. C. Merch E/H 1101 E. Worth Ave. Mich Castly Jackson.





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME AAIDDIE LAST 20. DATE OF DEATH (TYPE OR PRINT) 3 15 79 Edward Oueen 3 SEX S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 7 YEAR Male Black 17 To. BIRTHPLACE ISTATE OR FOREIGN CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) MARRIED - NEVER MARRIED Maryland USA WIDOWED DIVORCED [Baltimore 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore 319 Arlington Ave. 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Baltimore 319 N. Arlington Ave YES TO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Nickolson Edward D. Oueen. Sr Jennie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS WWIT LIF YES, GIVE WAR OR DATEST 218-10-2012 Helen Queen 319 N. Arlington Ave. 18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c PART I. DEATH WAS CAUSED BY-VENTEN SIVE CAROLONDENAK OSBIE IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS USED d per IN CERTIFYING CAUSES OF DEATH? NO. NO [Mental Hygi 21a ACCIDENT WAS UNDERLYING 21h TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDIC 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE STATE WHILE AT WORK AT WORK 22a. | certify that (1) (this haspital) attended the deceased from sow the deceased alive an and that in (my) (our) opinion death accurred an the date and hour and from the causes stated State Dept. 27% SIGNATURE DEGREE 22r DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the GHEEN 230. BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Burial Laurel 20/ Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 ADDRESS (VR A 15 (4)) Wm. C. March F/H 1101 E. North Ave.



MARY OTHER SEA ALL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06565 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH 2b. HOUR TYPE OR PRINT 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS TO BIRTHPLACE ISTATE OR FOREIGN COUNTRY) MON + 2 1 4 2 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NONE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS_ MARYLANI YES NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST NOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 NEORMANT LINCOLN (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) NO 18 CAUSE OF DEATH (Enter only one cause per lighting (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. LOUP PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTY CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED ö 21e PLACE OF INJURY 21f LOCATION STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE STATE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from MOLL Mary saw the deceased alive an____ and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after deal 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN Should be deto with the State [WPORTANT: 22d. PH SHAN S NAME HYPE OR PRINT 22e. ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE TUES 23c. NAME OF CEMETERY OR CREMATORY LOCATION CITY OF TOWN BP 3/6/79 Removal 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. RECOTRAR'S SIGNATURE DHMH - 16 60M 7/73 ADDRESS (VR A 15 (4)) Anatomy Board Balto., Md.

FOR

must be aptified at once.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The company of the property			REGISTRAR			CERTIFICATE OF DEATH REG. NO. 79-06566							
J. SEX FEMALE Caucasian Temple A RACE SURFICION TO SERVE TEMPLE TEMPLE TO SERVE TEMPLE		1. DEC	CEASED NAME FIRST	,	MIDDLE		LAST			MONTH DAY	YEAR 2	b. HOUR	-
The bitth place Caucasian	4	,,,,,		(>,	RAQU	LIDAN			Mar. 20	'79	5:38 N	٨
The billing of the properties of the propertie		3. SE>	X	4. RACE				6	AGE IN YEARS LAST BIR			FUNDER 24 HRS	
MARTED DINNERS			FEMALE	Caucas	ian			16	62		S DATS	MIN	
18 CITY OR TOWN OF DEATH 19 CITY OR TOWN 19 CITY OR T	S.	70 BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARR	IED G	BALTIMORE CITY C	OR COUNTY OF D	EATH		
PART DEATH FORE ONLY WAS DECEASED VERN		P		PHILIPP	TNES				BALTO.	CITY		MD).
BUSINE RESPONSE IS INVESTIGATED AND INSIDE CITY LIMITS? INDUSTRIES PROPERTY IN INCOME. INDUSTRIES AND INSIDE CITY LIMITS? INDUSTRIES AND INSIDE CITY LIMITS. INDUSTRIES AND INSIDE CITY LIMITS? INDUSTRIES AND INSIDE CITY LIMITS. INDUSTRIES AN	7	10 CI	TY OR TOWN OF DEATH				OR OTHER INSTITUT					BUSINESS OR	
13 AND 14 AND 14 AND 15 AND 15 AND 16 AND 1	9	10	BALTO,	GOOD 9	SAMARI	TAN	HOSP.		HousewiF	E	NE		
DE COLLADO TAUST TAUST DE COLLADO TAUST DE COLLADO TAUST DE COLLADO TAUST TA	9	13a S	TALE WEB COUR	OTHER INSTITUTION. NTY	13c CITY OR TOW	e admission) /N		MITS?	3 STREET ADDRESS	HALE THO	RPE, N	1D	
SERVARDING SERVARDING STATE CONTRIBUTING 186 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 186 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 186 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 187 SOCIAL SECURITY NO. 188 DATE OF OPERATION 188 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO. 180 INFORMANT 180 INFORMAN	5 11	14 FA		MIDDLE	TZAL			DENNAME			1457		_
THE NOOR UNKNOWN) IN THE NOOR UNKNOWN UNKNO	0			De	GOLLA	DO	mak .	TA			ANT	TES	
B CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART DEATH WAS CAUSE BY MADE	2						17. INFORMANT		ADDR	ESS			
18 CAUSE OF DEATH & Enter only one couse per line for 101, 101, and 12 APPENDIX STAFF	9		NO		999-90-	4260	Josephi	ne R	aquidon	same as	13	2	
DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate course join to justify the underlying couse lost (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONTRIBUTING CAUSES OF DEATH 190. OR CONTRIBUTING CAUSES OF DEATH 190. OR CONTRIBUTING CAUSE OF DEATH 190. CONTRIBUTING CAUSES OF DEATH 190. CONTRIBUTING CAUSES OF DEATH 191. CONTRIBUTION CAUSES OF DEATH 192. CONTRIBUTING CAUSES OF DEATH 193. CONTRIBUTING CAUSES OF DEATH 193. CONTRIBUTING CAUSES OF DEATH 193. CONTRIBUTING CAUSES OF DEATH 194. CONTRIBUTING CAUSES OF DEATH 195. CONTRIBUTING					line far (a), (b), ar	d (c)					APPROXIMA BETWEEN ON	TE INTERVAL	
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DHMH - 16 50M 1/76 (VR A 15 (4))

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MPORTANT: If Item 21 is morked or Item 18 shi

DHMH - 16 25M (VR A 15 (4)) 9/74 FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-06567

L		REGISTRAR				CENTIL	CALL OF DEA	****	RE	G. NO.	1 0	0 0	, 0 0	
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3	SEX		, 4. E	RACE		5. DATE C		6	. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS	DAYS	IF UNDER	R 24 HRS
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- 1	0 CIT	Y OR TOWN OF	DEATH 11.		HOSPITAL, NURS		R OTHER INSTITE	JTION 1	12a USUAL OCCU			L KIND O	FBUSIN	ESS OR
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ſ	Ť	18 CAUSE OF D	EATH (Enter only	one couse per	line far (a), (b), c	and icial Rt	. Hemi	plepi	а- Нуре	erten	sion	BETWEEN C	MATE INTE	DEATH
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5	H	210 ACCIDENT WA	AS UNDERLYING	21b. TIME O			21c HOW INJU	RY OCCURRE	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)					
7			CAUSE OF DEATH		M. MONTH									
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FOR

- STATE

(VR A 15 (4))

DONALD V. BORGWARDT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

\ /	^				STATE OF MARYLAND			
X	1)	11.	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL HYG	IENE	70 005	60
K			REGISTRAR		CERTIFICATE OF DEATH	REG. NO	79 - 065	03
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¥	ex om	1	William	DAW/	ings LdA		SCARIV	ENOR
ORE	execu obes obes		WAS DECEASED EVER IN U.S. AR YES, NO QUUNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIALS	ECURITY NO 17 INFORMANT	ADDRES		
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	n. no bermine prime permine prime pr	FIC.	THE DATE OF CIENTATION	THE CONDITION OF WE	TICH OF ENAMED	d Carrier I	IN CERTIFYING CAUSES	OF DEATH?
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OF V			OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	LED (EINIER NATURE OF INJURT	INTER ID, PART I OR PART 2)	
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DIVISION	the the	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFF		CITY OR TOWN	COUNTY	STATE
á	OING or at After e os t olth o	1 3	220.1 certify that (I) (this hospi	etal) attanded the deseased for	march 19 10 7	i intech	24, 99	1 . 0 () 1 .
	TENI John John John John John John John John	100		MARCH 24	9 77 , and that in (my) (aur) opinion of	death occurred on the dot		that (I) (we) lost
	A O D . a		220. SIGN TURE	of view the body after death.	DEGREE		22c. DA E S	1
	the hor to the property of the		Con / /	1 m Mar 1	ATTENDING _	MEDICAL STAFF	12/2	4170
	by the by the ERAL State State	+	22d. PHYSIZIAN'S NAME (TYPES	OR PRINT)	PHYSICIAN _	DIRECTOR PHYSICIA	AND	1177
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	retoined by th TO FUNERAL should be deto with the State IMPORTANT: II	23n I	BURIAL CREMATION PENOVAL	123b. DATE	13c NAME OF CEMETERY OR CREMATORY	1234 LOCATION		11-6 0
7500	BP	230 (BURIAL, CREMATION, REMOVAL BURIAL	3/27/79	Glen Haven Mem.Pk	23d. LOCATION CITY OF TOWN	COUNTY	STATE
0.1		24 F					rnie A.A.	Md.
DF	1MH - 16 60M 1/75 {VR A 15 (4})	40	UNERAL DIRECTOR Georg	e J. Gonce	Md. 21225 MA		triffrey hal	ready
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Balto.Md.21213

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

Home.Inc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O. DATE KNOWN 25 HOUR (TYPE OR PRINT) OF Mary F Reed DEATH MATED 3 13 1979 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS 3:55 4 RACE 5. DATE OF BIRTH 2c. DATE LAST BIRTHDAY) PRONOUNCED 34 DEAD 13 1979 black a.M female 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED EOREIGN COUNTRY) Baltimore City U. S. IR CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! at home 1529 Pentridge Avenue Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? Baltimore Pentridge Apt. 195 Md. YESK NO F 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Bentley Randolph Gregory Kate INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Maxcine Mitchell 4642 MarbleHall Rd (YES, NO, ORUNKNOWN) 229-44-7497 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH Multiple stabwounds PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES X NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING AOR stabbed CONTRIBUTING CAUSE OF DEATH 21f LOCATION 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED STREET, FACTORY, EARM, ETC.) WHILE AT WORK 1529 PentridgeAve, Balto. MD at home 22a. I certify that I took charge of the remains described above, held an Inspection L Inquiry Homicide X Accident Undetermined monner TITLE (SPECIFY) Assistant 3/13/79 EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, NA SIGNATURE Hormez R. Guard, M.D. 111 Penn Street, Balto.MD 21201 EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore Cemetery Baltimore, Md. 3/19/79 250 DATE REC'D. BY REGISTRAR 1256, REGISTRAR'S SIGNATURE **DHMH-17** Wm. C. March F/H 1101 E. North Ave. (VR A15 ME (5)) 15M 7/76

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Vm. C. Hareb E/H 1191 F. Horeh Ave. MAR. F. 1972 Marked

229-44-7497 Maxeine Michell 6642 MaroleHell

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 28 DATE OF DEATH 26 HOUR TYPE OR PRINTS CARL 4 RACE 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) JETINDER 1 VEAR IF LINDS P 24 MD MONTH YEAR HOUR5 10 MARRIED NEVER MARRIED BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH Md. Baltimore City WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR Montebello Hospital ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? ESTOPE SERMORE MALLIAND Md. Baltimore 3005 Walbrook Ave. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Locks Jesse Reeder Nora 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-40-4936 No Nora Reeder 3005 Walbrook Ave. 18 CAUSE OF DEATH (Enter only one couse per line for 10) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to OR AS A CONSEQUENCE OF Conditions, if any, which Sala win gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from... saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did nat) view the body after death. 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT 22e. ADDRESS FUNE old be MPORTA MONI 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial Mt. Auburn Cemeterv Baltimore Md. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) Wm. C. March F/H 1101 E. North Ave.

Bairimore n 3005 Walbrook Ave.

212-40-4936 Nore Reeder 2003 Waldwook Ave.

Reeder Nora Locks

Burdal _____ S/14/79 Mt. Auburd Comotery Saltimore, Md.

H. C. March F/H 1191 F. Horth Ave. 1895 12 1979 January

Md. U. S. A. Saltimore City

Maltimore Montepello Harrital

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06573 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2n DATE OF DEATH MONTH (TYPE OR PRINT) ELMER 3 - 26 - 79REESE , Jr. L. 4 RACE 6 AGE (IN YEARS LAST BOTHDAY) 3 SEX 5 DATE OF BIRTH DAYS HOURS Oct. 9, DAY 1920 EAR MALE White 58 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIEDE NEVER MARRIED U. S. A. Maryland WIDOWED Baltimore City LI. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Good Samaritan Hospital TYPE OF WORK FOR MOST OF WORKING LIFE! Law Firm Lawyer Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 SIREET ADDRESS Dulaney Valley Rd. 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore Maryland Lutherville 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE MIGDLE FIRST Pickett Gladys L. Elmer Reese, Sr. ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR GATES) Gladys C. Coleman, Same As #13e WWll 219-18-0638 YES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ARREST MIN IMMEDIATE CAUSE OR AS A CONSEQUENCE OF PAILURE ENAL Conditions, if any, which gave rise to immediate couse la! stating DUE TO, OR AS A CONSEQUENCE OF underlying couse ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be NOF YES T burial-transit p Mental Hygier 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING m 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] SHOT WHILE 22a.1 certify that (1) (this haspital attended the deceased from and that in (my) (our) adinian death accurred on the date and hour and from the causes stated above Jim and and view the body after death 17h SIGNATURS DEGREE 22c. DATE SIGNED -ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT: 22e. ADDRESS 22d RHYSICIAN'S NAME (TYPE OF PRINT) the HOPKINS WYER 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE Md. Parkville, Balto. M Parkwood Cemetery 3 - 30 - 79Burial 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VRA 15 (4))

STATE OF MARYLAND FOR 79-06574 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME LAST 20 DATE OF DEATH MONTH (TYPE OR PRINT) Cobington Raymond Regnier March 19, 1979 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR White Male July 10, 1915 To. BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED [Baltimore City. IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 102 Cross Keys Road Apt. 3 Consultant Engineer Baltimore BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13h COUNTY 113c. CITY OR TOWN 13e. STREET ADDRESS Filled Fuld b 13d INSIDE CITY LIMITS? 102 Cross Keys Road Apt3 Baltimore Maryland YES X NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME N MIDOLE FIRST WIGDLE 0 Anna Zimmerman Raymond Regnier 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWNI I (IF YES, GIVE WAR OR DATES) 214-03-6795 Frances L. Regnier Same as #13. WW II Yes APPROXIMATE INTERVAL BELWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION to priar 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [NO Mental Hygi 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH marked ar Hem WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER! P.M 19 21e. PLACE OF INJURY 21d INJURY OCCURRED 21f. LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK 27a. I certify that (I) (this hospital) attended the deceased in and that in trny) iam apinion death accurred on the date and hour and from the causes states above, (1) wet / lig/ aid not view the body after de should be detached with the State Dept. DEGREE 17s DATE SIGNED MEDICAL ATTENDING MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 274 PAYSICIAN'S NAME (TITE OF PRINT) 724 ADDRESS William G. Helfrick, M.D. 5006 Roland Ave. Baltimore, Maryland 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Cremation March 20,1979 Loudon Park Crematory Baltimore Maryland 1050 York Road 250. DATE REC'D. BY REGISTRAR 256. REC 24. FUNERAL DIRECTOR DHMH - 16 60M 7/73 Ruck Towson Funeral Home, Inc. Towson, Md. 21204 MAR 2 2 (VRA 15 (4))

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	1.	FOR STATE REGISTRAR	DEP		IEALTH AND MENTAL HYG		79-06	575		
		CEASED NAME FIRST	ST MIDDLE LAST			REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 21				
	(TYPE	Louis	NMN	R	Reich	3-2-	79	8:35		
	3. SE		4 RACE	5 DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 H		
		MALE	W	MONIT	42 43 17	90 v	MONTHS DAYS	HOURS M		
99		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY?	D NEVER MARRIED	9 BALTIMORE CITY OR COL				
1		Germany	USA	WIDOWI	DIVORCED	BALTIMORE				
H	10 C	BALT I MORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES ST AGNES	TREET ADDRESS)	TAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) RETITED TAILO	ING LIFE) INDUSTRY	F BUSINESS		
36	130 5	AL RESIDENCE (IF NURSING HOME OF TATE 136, COU		TOWN	136. INSIDE CITY LIMITS?	13. STREET ADDRESS 1221 Linksi	ide Drive	21234		
		THER'S NAME			IS MOTHER'S MAIDEN NA	ME				
30		Anton	Rei Rei		Anna	MIDDLE	Unknow			
10		VAS DECEASED EVER IN U.S. A	E WAR OR DATEST	SECURITY NO.	17 INFORMANT	ADDRESS		21207		
Jan 1	no '	ES, NO ON GIALNOWN)	215-0	1-8590	Mrs. Rosema	rie Seipp, 111	11 Granvil	le Rd		
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS		sigmoid 6	colon "		1,4		
	z	PART 2 OTHER SIGNIFICANT		TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART 10			
	오							0,		
/	TIFICATIO	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. I	IF YES, WERE FINDIN ERTIFYING CAUSES YES []	GS USED		
1	CAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI UN ETHER, NOTIFY MEDICAL EXAMINED	216. TIME OF INJURY HOUR A.M. MONTH		21c HOW INJURY OCCURE	INCI	ERTIFYING CAUSES YES	GS USED OF DEATH?		
1		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR		YES NO IN CI	ERTIFYING CAUSES YES	GS USED OF DEATH?		
1	MEDICAL CERTIFICATIO	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (FETHER, NOTIFY MEDICAL EXAMINE) 210. INJURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	DAY YEAR 19 FICE, FARM, ETC.)	21c. HOW INJURY OCCURS	YES NO IN CI	ERTIFYING CAUSES YES M 18. PART 1 OR PART 2)	NGS USED OF DEATH? NO		
9		218. ACCIDENT WAS UNDERLYING { OR CONTRIBUTING (IF ETHER, NOTIFY MEDICAL EXAMINE) 218. IN JURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this hasp saw the deceased alive o above, (1) (we) (did) (did in	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21a. PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	DAY YEAR 19 FICE, FARM, ETC.) om 19 00	211. LOCATION STREET 779 . 19 79	YES NO IN CI	COUNTY 19 29, d hour and from the	NGS USED OF DEATH? NO STATE that (I) (we) couses state		
<u> </u>		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK SOW the deceosed alive o obove, (I) (we) (did) (did not the company) 27b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, of	DAY YEAR 19 FICE, FARM, ETC.) om 19 00	211. LOCATION STREET 211 LOCATION STREET 779 19 79 nd that in (my) (our) opinion of DEGREE PHYSICIAN	YES NO IN CI RED (ENTER NATURE OF INJURY IN ITEA CITY OR TOWN 10 3 2 deoth occurred on the date and	COUNTY 19 29, d hour and from the	NGS USED OF DEATH? NO STATE that (I) (we) couses state		
19		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22c.1 certify that (1) (this hasp saw the deceased alive obove, (1) (we) (did) (did n 27b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21a. PLACE OF INJURY (AT HOME, STREET, FACTORY, of only view the body ofter death.	DAY YEAR 19 FICE, FARM, ETC.) om 19 00	216. HOW INJURY OCCURS 211. LOCATION STREET 79 19 79 19 19 19 DEGREE ATTENDING	VES NO IN CO	COUNTY 19 29, d hour and from the	NGS USED OF DEATH? NO STATE that (I) (we) couses stated		
19	MEDICAL	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER, NOTIFY MEDICAL EXAMINE) 218. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp saw the deceased alive o above. (1) (we) (did) (did n 278. SIGNATURE 2204. PHYSICIAN'S NAME (TYPE 3URIAL, CREMATION, REMOVA SPECIFY) BURIAL	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OI ontol) ottended the deceosed from ott view the body ofter deoth. DR PRINT) W. Z. HCK 1 23b. DATE 3/5/79	DAY YEAR 19 FICE, FARM, ETC.) OM 3/1 19 79 GEW MD 234 NAME OF C	211. LOCATION STREET 211. LOCATION STREET 19 79 19 79 19 79 19 79 10 period of the properties of	VES NO IN CI RED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN TO 3 deoth occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR CITY OR TOWN	COUNTY 19 27. DATE COUNTY COUNTY COUNTY A., MeI	STATE STATE STATE STATE STATE STATE STATE STATE STATE		

ATTO THE REAL PROPERTY.

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FOR

- STATE

TYPE OR PRINT

COUNTRY

SEX

REGISTRAR

Le BIRTHPLACE STATE OF FOREIGN

Maryland ID CITY OR TOWN OF DEATH

14. FATHER'S NAME

MEDICAL

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

sow the deceased alive on.

22d. PHYSICIAN'S MAME (TYPE OR PRINT)

230 BURIAL CREMATION, REMOVAL

Smith, Fadeley,

22a. I certify that (I) (this hospital) attended the declined from

above, (1) (we) (did) (did not) view the body after death.

23b. DATE

106 East Church St. Frederick.

21d. INJURY OCCURRED

22b. SIGNATURE

Burial

FIRST

MIDDLE

P.M

21e. PLACE OF INJURY

eley, Keeney, basford

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO LAST MIODIE 70 DATE OF DEATH 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HDS MONTH DAY YEAR OAYS 05 0.3 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Farming Farmer 13e STREET ADDRESS SPRINGFIELD 15 MOTHER'S MAIDEN NAME MIDDLE Alice Browning Reid 17 INFORMANT E. Second St. 27/1-3/1-99/10 Visitation Convent Frederick, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CITY OR TOWN

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

Barnsville

MEDICAL

23d. LOCATION

COUNTY

22c DATE SIGNED

Mont

STATE

STATE

William 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) none none 18 CAUSE OF DEATH Enter only one couse per line for (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (D) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES T NO T NO 71m ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

21f. LOCATION

22e ADDRESS

. Home

PHYSICIAN

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Md.

19

BP. (VR A 15 (4))

DHMH - 16 50M 7/77

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STATE OF MARYLAND

5-36577

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STATE OF MARYLAND





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JIMIE OF MAKILAND	STATE OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR - STATE REGISTRAR		DEPART		FICATE OF DEATH	REG. N	. 79	-06	579	
	CEASED NAME	FIRST	MIDDLE	poffic !	LAST		MONTH DAY	YEAR	2b. HOUR	
(ABY G	IRL	REYNO	LDS		3 8	79	12:05am	
3 SE	Х	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS	
26	FEMALE	WHI	ΓE	MA	RCH 7 79		YRS.	NIHS DAYS	HOURS MIN 25	
	IRTHPLACE (STATE OR FOR	EIGN 76 CITIZEN	OF WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY		FDEATH		
	RYLAND	U.	S.A.	WIDOW		BALTIMORE	CITY		MD.	
10 C	ITY OR TOWN OF DEAT	H 11. NAME	OF HOSPITAL, NURSIN	IG HOME O	OR OTHER INSTITUTION	120. USUAL OCCUPAT			OF BUSINESS OR	
	BALTIMORE	UNIO	N MEMORIAL	HOSP		(TYPE OF WORK FOR MOST O	OF WORKING LIFE)	INDUSTRY		
USU 13a	AL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITUT	13t. CITY OR TOW		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
MA	ARYLAND		BALTIM		YES NO	5422 Pem	oroke A	venue		
14. F	ATHER'S NAME	MIDDLE	LAST	3.5	15. MOTHER'S MAIDEN NAM	ME MIDDLE		LA	.61	
	SCOTT	ALLEN	REYNO	LDS	CYNTHIA	LEE		GRINE		
16a \	WAS DECEASED EVER IN	U.S. ARMED FORCE		JRITY NO.	17 INFORMANT	ADDR	ESS			
,	NO	THE TES, ONE WAR ON DATES	NONE		CYNTHIA L. F	REYNOLDS 5	422 Pem			
	18 CAUSE OF DEATH	(Enter only one couse	per line for (a), (b), an	id (c)	n 1)			BETWEEN	ONSET AND DEATH	
	PART I. DEATH WA	MMEDIATE CAUSE (a)	are	cep	lales		10000			
	7400	DUE TO	OR AS A CONSEOU	ENCE OF	//					
	Conditions, if ony,)		0		4			
	gove rise to imme		OR AS A CONSEQU	ENCE OF						
	underlying couse lost (c)									
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								0)	
CERTIFICATION	19a DATE OF OPERATION	ON 101 CO	NDITION FOR WHICH	OPEDATIO	DNI WAS BEDSODATED	20a AUTOPSY?	WERE FINDINGS USED			
FIC	1140 DATE OF OPERATIO	J14B. CO	NOTION FOR WHICH	OFERALIC	IN WAS FERI ORMED	TOTAL STATE OF	S OF DEATH?			
ERT	21a. ACCIDENT WAS UNDER	PLVING TO 215 TIM	E OF INJURY		21c HOW INJURY OCCUR	YES NO	YES		NO 🗌	
	OR CONTRIBUTING CA	1100100	A.M. MONTH D	AY YEAR	THE HOW INJOKT OCCOR	KED (ENTER NATURBOF INSC	RT IN HEM 10, PAR	TORPARI 2)		
EDICAL	(IF EITHER, NOTIFY MEDICAL		P.M.	19	216 LOCATION					
WED	21d. INJURY OCCURRE	(AT HOM	CE OF INJURY E, STREET, FACTORY, OFFICE, I	FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	22a.1 certify that (I) (1		the decensed from	3/-	10 79	10 3/8	10	75	that (1) (we) last	
	sow the deceased	olive on 3/	7/79 19	/.0	nd that in (my) (aur) apinion	death occurred on the d	ate and hour o			
	22b. SIGNATURE	d) (did not) view the o	ody offer deoff.		DEGREE	19-18-18-18-18-18-18-18-18-18-18-18-18-18-	-	22c. DATE	ESIGNED	
	RK)	MD.		ATTENDING PHYSICIAN	MEDICAL STA		2/9	5/79	
	22d. PHYSICIAN'S NAM	AE (TYPE OR PRINT)			22e. ADDRESS	J DIRECTOR () TITISI	CINITAL	14	7/1	
	B. BERMAI	N, M.D.			UNION MEMOR	RIAL HOSPITA	AL	D. F		
	BURIAL, CREMATION, R		FBURS 23c	NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	CC	OUNTY	STATE	
	REMOVAL	MARC	H 15, '79	3/10				6	Med Sollie	
24. F	UNERAL DIRECTOR		ADDRESS	1 1	250. DAT	E REC'D. BY REGISTRAR	25b REGISTRA	R'S SIGNAT	TURE	
	ANTAMOMV D	OARD OF N	DATES	ODE	MD INTAL Y	1 13/3	1	2000	7	

BALTIMORE,

DHMH - 16 50M 7/77 (VR A 15 (4))

ANATOMY BOARD

OF MD.

TO HOSPITAL OR ATTEN

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

should be detached for use as the burial-transit permit, with the State Dept of Health and Mental Hygiene prior IMPORTANT; If them 21 is marked or them 18 shows any

injury, ar ather traumatic event, the

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-06580

X	'-	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N		-00	300
		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH		Y YEAR	2b. HOUR
	,	BESSIE			R	HODES		3 / 24	1179	A008
	3. SEX	FEMALE	4 RACE BLA	CK	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
79		RTHPLACE (STATE OR FOREIGN DUNTRY)	16 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED	BALTIMORE CITY OF		100	T MD
38	-	TY OR TOWN OF DEATH		H FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b. KIND C INDUSTRY	OF WISINESS OR
35	130 S	AL RESIDENCE (IF NURSING HOME TATE 136 CO	OR OTHER INSTITUTION		ADMISSION)	138. INSIDE CITY LIMITS?	13. STREET ADDRESS	, Neva	and for	Low
100	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST	WIDDLE		LAS	ST
1	(Y	VAS DECEASED EVER IN U.S. A PES, NO OR UNKNOWN) (IF YES, G ONKNOWN)	RMED FORCES?	317-24-	8/63	Deorge Rhe	Les 914 as	Pfett	CT.	
	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAN	(b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 16	a)
9	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	NG CAUSES	NGS USED S OF DEATH?
c,		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	EATH HOUR A.	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.}	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1) (this has sow the deceased alive a abaye, (1) (wa) (did) did			-	79 , 19 and that in (my) (our) opinion	death accurred on the d	ate and hour o		that (I) (we) lost causes stated
		22h. SIENATURE Leva		Kon	>	3	MEDICAL STA		3 (?	SIGNED 479
1	/	ED WAD		(084 MZ		220 ADDRESS	F MO. H	075		
	23a. 8	URIAL, CREMATION, REMOVE SPECIFY) DUNING	123b. DARE 4/2	179 m	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	Pount	REPORT -	men
	24 FL	INERAL DIRECTOR	-Bni U	ADDRESS	12 1	() [[/]	E REC'D. BY REGISTRAR	trope	ymou	Altody
	1	OCKS MINE	-15 Mh 110	105 150	111.	Intral 4TAP	K 4 ISIS	1		. /

UNERAL HOME 1304

BP.

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical examiner must be natified at and

tely filled in by the 2 should be filed w

ending physician and corbonpopers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corbon-pape with the State Dept: af Health and Mental Hygiene prior to burial, cremation, ar removal

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the hospital or

06200-61 STATE STATE Comment 1970 C 394.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE 2b. HOUR KNOWN (TYPE OR PRINT) OF EST1-CHARLES DEATH MATED 15 RICE 1979 4. RACE GE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH DATE 24. AST, BIRTHDAY) PRONOUNCED male DEAD negro am TE CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED T DIVORCED WIDOWED Baltimore City 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Baltimore Reisterstown Rd. onstruction 13b. COUNTY 13d. INSIDE CITY-LIMITS? 13e. STREET ADDRESS eisters Town VITAL AND 2 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE 16b. SOCIAL SECURITY NO. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO, QR UNKNOWN) (IF YES GIVE WAR OR DATES 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USE E DEPARTMENT OF 1 PRIOR TO BURIAL, C OF YES NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Homicide death resulted from: TO MEDICAL EXAN EXECUTE THE CERT PAGE 4 SHOULD I TO FUNERAL DIRE AFTER DEATH, WITH BALTIMORE, MARYL TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 3-16-79 SIGNATURE. EXAMINEITS NAME Ann M. Dixon, M.D. 111 Penn St. TYPE OF PROST ADDRESS **DHMH** - 17 C. BROWN MORTUARY 206-0 (VR A15 ME (51) 15M7/76

STATE OF MARYLAND

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Erica di Estabalina		
ALLENS DESCRIPTIONS		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST 2ª DATE OF DEATH 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR DAYS **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED WIDOWED DIVORCED 120 USUAL OCCUPATION Steel (TYS BEYON FOR MOST OF WOLKING FIFE) 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME LAST Martha MIDDLE LAST Jones

BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? COUNTRY USA. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR USUAL RESIDENCE (IF NURSING WOME ON OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 136 CITY OR TOWN 4. FATHER'S NAME MIDDLE Rice Charles ADDRESS 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT W. Franklin St. 3597 (IF YES ONE WAR OR DATES) Rebbeca Rice APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 71d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE AT WORK march 22a.I certify that (I) (this hospital) attended the deceased from... march 21 saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 12 DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN S NAME GYPE OR PRIN 22e ADDRESS

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR Nancy M. Wallace

230. BURIAL, CREMATION REMOVAL

Burial

- STATE

(TYPE OR PRINT)

3 SEX

REGISTRAR

4 RACE

1. DECEASED NAME

3-26-79

3405 W. Franklin St.

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Arbutus Nat. Park

23d. LOCATION Baltimore

County

		FOR STATE REGISTRAR			DEPARTA	AENT OF HE	OF MARYLAN LLTH AND M LATE OF DE	ENTAL HYGI		NO.	79-01	6583	
2 (100)		1. DECEASED NAME (TYPE OR PRINT)	Jo h n	A D			h, Jr.		3-23-79		DAY YEAR 2b. HOUR 8:40		
		Male Male		A RACE BEOK WHITE		5 DATE OF			6. AGE IN YEARS LAST	BIRTHOAY] YRS	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN	
O 72 hou	26	Harfor	d Co.	IISA			MARRIED NEVER MARRIED		9 BALTIMORE CIT	OR COUNT	Y OF DEATH	MD.	
by the to	11	Baltin									IZE KIND C INDUSTRY	OF BUSINESS OR	
filled in ovid be	35	USUAL RESIDENCE (130 STATE Md	136 COU		13c. CITY OR TOW	N 1	3d. INSIDE CIT	Y LIMITS?	13e. STREET ADDRES	s 29th	St.		
cote be executed within 24 hours system ond completely filled in the opers. Pages 1 and 2 should be fill you.	20	14. FATHER'S NAME FIRST John	Aı	*cher	Rich		Flo:	RST	WIDDE		Simm	on	
be execut	Medico	180 WAS DECEASED (YES, NO OR UNKNOW		E WAR OR DATES	217.05		7 INFORMAN	3		HU7-1	189	(21211)	
been signed by the attending phent Then please remove corbon prior to buriol, cremation, or remover	A land with the state of the st	PART 1. DEA Canditions, if gove rise to cause (a), underlying PART 2. OTHER PART 2. OTHER PART 3. OTHER OR CONTRIBUTION (IF EITHER, NOTIFY AT WORK 220 I certify th sow the deal	any, which immediate stating the cause last R SIGNIFIC ANT PERATION AS UNDERLYING G CAUSE OF DE MEDICAL EXAMINER CURRED NOT WHILE AT WORK AND WHILE COURSED AT WORK AND COURSED COURSED AND WHILE COURSED COURSED AND WHILE COURSED	DUE TO, O LO LO LO LO LO LO LO LO LO	OF INJURY M. MONTH D.M. OF INJURY REEL, FACTORY, OFFICE, F	NCE OF NCE OF NCE OF OPERATION AY YEAR 19 ARM. ETC.)	OT RELATED T	O THE TERMI	200 AUTOPSY? YES NO CITY OR , to MAN accurred on the	28b. IF YI IN CERT Y NJURY IN ITEM 18.	VEN IN PART 16 S, WERE FINDIN IFYING CAUSES ES PART 1 OR PART 2) COUNTY	O' NGS USED OF DEATH? NO STATE that (1) (Ne) last causes stated	

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DI should be detect

TO HOSPITAL reformed by th

24 FUNERAL DIRECTOR "Alan Seitz Funeral Home 3818 Roland Ave.

3/24/79

23b. DATE

230 BURIAL, CREMATION, REMOVAL

Cremation

25e. DATE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Maryland

STATE

MEDICAL STAFF

Baltimore,

ATTENDING PHYSICIAN

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

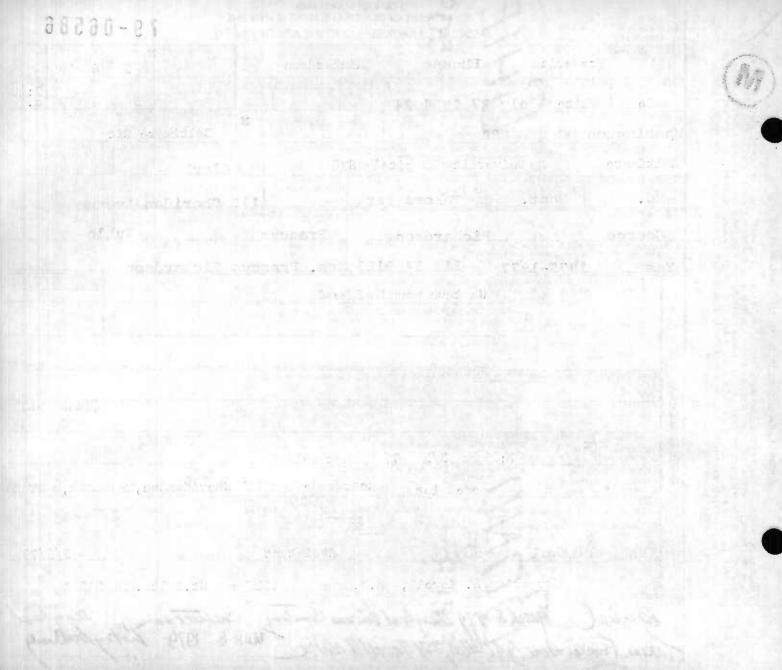
Security Process, Inc

STATE OF MARYLAND 79-06584 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH 26 HOUR (TYPE OR PRINT) MAYCH delnide 3 SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 7/8/1908 YEAR Black Fem ale 70 To BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | COUNTRY) U.S.A. Baltimere: lourence, S.C. DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION Provident Hospital Tree of Home-Maker INDUSTRY ____ Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2209 Liberty Hisghts Ave. 13b COUNTY 13c CITY OR TOWN filled avld b 13d INSIDE CITY LIMITS? Md. Baltimore NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 200 MIDDLE LAST and Nellie Hamilton Hannible Brockington BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Leodis Richargson, 2209 Liberty Hgts Ave _ CYES NO OR UNKNOWNI _ THEYES GIVE WAR OR DATES! 218-32-0657 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY in and Congestive Heart triver Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DIVISION OF VITAL RECORDS, CERTIFICATION 0 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO I Нув sho 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental Item (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from... sow the deceased alive on ___, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death SIGNATURE DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRE ld b shoul with 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE STATE 3/22/79 Pk Baltimore, Maryland Burial Arbutus Mem. 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 K. Law Funeral Home 4611 Park Heights Ave. (VR A 15 (4))

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Tellinore, Laryland	Arcutus I e eichte Ave.		

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2b. HOUR O DATE KNOWN (TYPE OR PRINT) Frederick Hugene Richardson 3 DEATH MATED 4 1979 7:10 6 AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS SEX 4. RACE 5. DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED 1954 DEAD 1979 July 27 male white 24 YRS a. M 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X Baltimore City Washington DC USA DIVORCED WIDOWED 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 19. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore University Hospital STU Clerk JSUAL RESIDENCE (IF IN NURSING TOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY Mont. Md. Takoma Park YES NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST FIRST Ruble Richardson George Francys ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. WITH FOR (YES, NO, OR UNKNOWN) 218 54 9185 Mrs. Francys Richardson Yes 975-1977 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Shotgun wound of head IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION (HEADYONLY) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 190. DATE OF OPERATION E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, O OF YES X NO 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X TOR HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH 7:05PXX 3/3 shot self 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) RearWoodedLot 112 SheridanAve, TakomaPk, MONT MD WHILE AT WORK wooded lot Autopsy Inquiry 228. I certify that I took charge of the remains described above, held an Accident Homicide Undetermined monner TITLE (SPECIFY) 3/5/79 Assistant GE 4 SHOU FUNERAL I MEDICAL EXAMINER SIGNED SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS. 111 Penn St.Balto.MD TYPE OR PRINT DHMH - 17 VR A15 ME (5)) 15M 7/76



/	-		Items	22a. F	ilm#G532	DEPART	STA MENT OF	HEALTH	AARYLA	ND	HYGIEN	JE					
K	2	- 3	STATE 6-4-	-79 as			EXAMIN						REG. NO	79.	- NF	58	7
	1		EASED NAME	FIRST		MIDDLE			LAST			20. DATE K	NOWN 15	MONTH			2b. HOUR
	SE SS. ET,	TYPE	OR PRINT)	JAMES	E	Edwar	ď	RIC	CHARD	SON	Jr.	DEATH A	ESTI-	3	30	19 79	M
	RECTOR. R FILES. HOURS STREET,	3. SEX		4. RACE	5. DATE OF BIRTH		6. AGE (IN Y	EARS IF UN		IF UNDE	ER 24 HRS.	2c. DATE	CED	MÖNTH	DAY	YEAR	2d HOUR 10:10
	DIRE DUR 72 T		le	negro	9/13/	53	25	rs.	ns DAYS	HOURS	MIN	DEAD		3		1979	D W
	SEASON OF	7a BIF	THPLACE (ST.	ATE OR	76. CITIZEN OF W	HAT COUN	VTRY?	8. MARR	IED N	EVER MAR	RRIED #	9. BALTIMO	ORE CITY O	R COUN	ITY OF D	EATH	
	新春春春		Md.			S.A.		WIDOW		DIVOR			imore				MD.
	STATE OF THE PARTY		Y OR TOWN	/	11. NAME OF HO	ACILITY, GIVE S	STREET ADDRESS)				12e. US	MOST OF WORK	ATION (TYPE ING LIFE)	OF WORK		ND OF BUS R INDUSTR'	
	DS & +00		Baltimo	re	South Ba				Hosp	ital							
21201	ATH. IF ANY DIT ST. 2, AND 3 IS 1, 2, AND 3 IS NO. 3. RETAIN ID 2 SHOULD BE VITAL RECORDS	13a. ST		Cit	TY	13c. CITY	or town	SIQN)	13d. INSIDE	CITY LIMITS?	13e. STR	324 E	utaw	Pla	.ce		
MD. 2	T. N.	14. FA	THER'S NAME		MIDDLE		LAST		15. MOTH	HER'S MAI	DEN NAME	E	DLE			LAST	
R, A	R DEA			mes E.	Richard						Betty	y Davi		1			
WO	FTER DEATI	160. W	AS DECEASED S, NO, OR UNKNO	EVER IN U.S. ARA	WED FORCES? WAR OR DATES)	16b. SO	CIAL SECURI	TY NO.	Do to			2020	ADDRESS		1	T) 3	
BALTIMORE,	OURS AFTER 8. GIVE PA WITH FOR T. PAGES 1 DIVISION (-	No.						peri	Ly De	IVIS	2938	Cher	ryı			
		100	PART I DE	F DEATH (Enter onl ATH WAS CAUSED	ly ane cause per lir DBY: (e far (a), (b Hinsho), and (c).)	nd of	ches	t. (h:	andoni	n)			BETW	PPROXIMATE I	AND DEATH
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W. P.	D WITHIN ENCIL IN AMINER . TRANSIT ENTAL HY			e ta immediate stating the <u>under-</u>	DUE TO, O	R AS A CON	NSEQUENCE	OF									
301 \	OR MAIN		lying caus	se last.	(6)			Ya di									
05, 3	SEC.		PART 2 OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT REL	ATED TO THE TER	MINAL DISEAS	E OR CONDITI	ION GIVEN IN	PART 1 (a).						
CO	ULD BE EXEC "PENDING" IEF MEDICAL SED AS A BUI HEALTH AND CREMATION,	NO.															
DIVISION OF VITAL RECORDS,	HE A SED	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	196. COND	ITION FOR	WHICH OPE	RATION W	AS PERFO	RMED?			362.54		20. A	AUTOPSY?	
VITA	1000000	RTIFE														YES 🏝	NO 🗌
9	ERTIFICATE S NO THE WO D TO THE SHOULD BE EPARTMENT IOR TO BURI	LCE	UNDERLYING	L CAUSE WAS		AXMONTH	DAY YEA	AE.				NATURE OF INJU	IRY IN ITEM 18 F	PART I OR P	ART 2)		
NOIS	RTIFICAT IG THE V TO TH SHOULD PARTMEI	OICA	CONTRIBUTION 21d. INJURY O	NG CAUSE OF D			30- 1979		elf-i	nfli	cted.					-	
N/G		MEC	WHILE		STREET, FA	CTORY, FARM, E				זיינולו	Δνο	Balto	'N	C	OUNTY		Md.
	IER: THIS CERTIF JATE, WRITING T FORWARDED TO DR: PAGE 3 SHO HE STATE DEPAR D, 21201 PRIOR T		AT WORK	ATWORK	x 1100	206			-	in uniy	Ave.	Dargo					TiTCA .
	AL EXAMINER: HE CERTIFICATE HOULD BE FORE AL DIRECTOR: I'M, WITH THE S MARYLAND, 2		22a. I certif	y that I taok charg	e of the remains de	escribed abo	ove, held an	Autap	sy X,	Inspect	rian .	Inquiry	, an	d in my a	pinian		
	A EXAMINER: HE CERTIFICATE HOULD BE FOR AL DIRECTOR: H, WITH THE S. MARYLAND, 2		death resulte	d fram: Natur	ral causes 🔲 ,	Accident	L, §	weide A		ricide 🔲	Unde	termined mas	nner XX				
	CER CER CER CER CER CER CER CER CER CER		ACTUAL	11/1	WX	2	-			(SPECIFY)	nt.	OICAL EXAMI		DATE	3	-31-7	9
	EAT EAT		SIGNATURE	4/	1		PERO!		\.D. <u>11D</u> C	TOUG	WEL	DICAL EXAMI	NEK	SIGN	ED	<u></u>	
	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUL TO FUNERAL D. AFTER DEATH, V. BALTIMORE, MA	100	EXAMINER'S !	NAME Ann	M. Dixo	a, M.I	0.		ADDRESS	111	Penn :	st.					
150	PAC PAC BALL	23a.Bl	JRIAL, CREMAT	ION, REMOVAL 2	3b. DATE	23c.	NAME OF CE				123d, LC	OCATION		CO	UNTY	STA	TE
100	BP	E	urial	4-1-1	4/5/79	N	ew Ca	thed	ral			alto.	Cit	-	Mc	d.	
	DHMH - 17 (VR A15 ME (5))		NAME NAME		ADDRES	SS				250. DAT	E REC'D. B	YREGISTRAR	25b. REGI	STRAR'S	SIGNATI	URE	
	15M 7/76		Charl	es A. R	Rice 130)0 Ei	ataw]	Place	е	APD	5 10	179	frit	rayl	alse	ody	
										1.01	U 14	71 4					

79-06587 Light Viscol (100 Mass) . A safe safe

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 79-06588 CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH DECEASED NAME TYPE OR PRINTI RICHARDSON WARDELLE MARCH 7.1979 3-7-79 3:072 TILMNEY 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH MONTHS DAYS HOURS MALE BLACK 66 YES YRS 24 TO BIRTHPLACE ISTATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY COUNTRY MARRIED NEVER MARRIED BALLI MORE CITY U.S. BALTO. DIVORCED [MO WIDOWED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) BALLIMORE PROVIDENT HOSPITAL - INC USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13 NIKENWANDA AVE YES IN NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE FIRST ROBERT RICHARDSON LENA TURNER Z. 166 SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 710-09-4868 RICHARDSON 1513N. KENWOODE 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: 40 min IMMEDIATE CAUSE to DUF TO OR AS A CONSEQUENCE OF Post operative Conditions, if any, which gove rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 200 AUTOPSY? 3-7-70 Prostatic YES TO NO pertro YES [Hygie IL HOW INJURY OCC 21a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY URRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINERS P.M 21d INTURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY orked NOT WHILE AT WORK 3 - 7 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL -7-79 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22ª ADDRESS ld b MPORT, DR-RALPH HOWARD 2121" 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE Buria GATTAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15 (41)

DHMH - 16 50M 1/76 (VR A 15 (4))

ELINGEN PER

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-06589

	REGISTRAR		Callette of Daniel	REG. NO.	
(TYI	ECEASED NAME FIRST PE OR PRINT)	MIDDLE	LAST /	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR A
	ary	Leonn	RidgewAy	3	12 79 11:38 _M
1. SI	EX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
	F	W	12-16-08	10 YRS	
70. 8	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
	MARYLAYD	U.S.A.	WIDOWED DIVORCED	Baltimor	e city MD.
10.0	Baltimore	 NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET 	AG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR SUFE) INDUSTRY
		Mercy Hos		Laberer	Pilgeon Landey
USU 13a	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS	
1/	MARYIAG -	- BAITIN		1707 Bel.	/ 7/,
14. F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	LAST .
	W1/1/1707	KRAMA	ne E/12	Abers	F0/13
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRESS	
	NO		MRY. Hud Rey	TURNER 1707	Bell 51.
	18 CAUSE OF DEATH (Enter or	nly ane cause per line for (a), (b), an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (D) CARDIA	e Annesi		MINUTES
1	4129	A THE RESERVE TO SHARE THE PARTY OF THE PART	ENCE OF	10 - 0 . 1	051 400
	Canditions, if any, which	(b) AV NYPEN	LENSINE ARGENISCE	ERETIC G.V.Y	. SEV. YRS.
	gave rise to immediate	DUE TO, OR AS A CONSEQU			
	underlying cause last	(6)	ENCE OF		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION (GIVEN IN PART 1(a)
O N	DIABETE	S MELLITUS -	ADVIT ONSET		
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
E				YES NO	YES NO
Ü	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D.	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)	8, PART 1 OR PART 2)
CAL	OR CONTRIBUTING CAUSE OF DEA	P.M.	19		
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	211. LOCATION	CITY OR TOWN	COUNTY STATE
Z	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC.]	CITORIOWN	COONT
		tal) attended the deceased fram_	19 7	10 3/12/199	, that (I) (we) lost
	saw the deceased alive an	1) view the bady after death	, and that in (my) (aur) apinion	death occurred on the date and h	aur and fram the causes stated
	27% SIGNATURE	1 / /	DEGREE	ACTOR OF THE PARTY OF	22c. DATE SIGNED
	Chille	M. Marjame	ATTENDING PHYSICIAN	MEDICAL STAFF	3/12/79
1	224 PHYSICIAN'S NAME (1996)	a raper)	22e ADDRESS	STATE OF THE SELECT	7/-
	JEFFARY M	PARGAMER	7 1211 Wall	St. Bult. 1	10 21230
23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. !	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	BURIAL	3-15-79 6	edar Hill Center	Y BAITINES	178
24 8	UNERAL DIRECTOR	ADDRESS	25a. DAI	E REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
C	harles Listeven	: Furekal Home,	Inc 1501 E. FORTAR MIT	AR 14 19/9	1-711- Wary

X 1-	REGISTRAR		MEI	DICAL EXAMIN	ER'S CERTIFIC	CATE OF DEA		NO.79-	0.655	10
	ECEASED NAM	AE FIRST		MIDDLE	LAST		20. DATE KNOWN OF ESTI-	MONTH E	DAY YEAR	2b. HO
{17	PPE OR PRINT)	CHARLE	S	A.	RIES		OF ESTI-		71979	
3 SE	X	4. RACE	S. DATE OF BIRTH	6. AGE IN YEA	RS IF UNDER 1 YR.	IF UNDER 24 HRS.	2c. DATE	MONTH	DAY YEAR	2d. HQ
	Male	White	6/22/2	YEAR LAST BIRTHDA	- Indiana	HOURS MIN.	PRONOUNCED DEAD	3 7	7 1979	P
	BIRTHPLACE	STATE OR	76. CITIZEN OF WH		0		9. BALTIMORE CITY	OR COUNTY		
1	OREIGN COUNTRY Md		TT	SA	MARRIED NE	DIVORCED	Baltimor	o Citu		
10. 0	ITY OR TOWN		11. NAME OF HOS	PITAL, NURSING HOME		TION 120. US	UAL OCCUPATION (T	TYPE OF WORK 126	KIND OF BU	SINESS
	Baltimo	270		CRITY, GIVE STREET ADDRESS)			MOST OF WORKING LIFE)	10.	OR INDUSTR	
				emorial E RESIDENCE BEFORE ADMISSIS	ON) , (NC		ostman	F.	ed. Go	vit
130.	STATE Md	• I3b. COUNT	ſΥ	Balto.	13d, INSIDE (I		LO7 MacBe	th Dr	#21	239
14. F	ATHER'S NAM	drew	MIDDLE	LAST	15. MOTHE	ER'S MAIDEN NAMI	E		LAST	
160		ED EVER IN U.S. ARA	AED EORCES?	Ries	Y NO. 17. INFORA	MANT	ADDRE	SS		
100.	YES NO, OR UNKN	OWN) (IF YES GIVE	WAR OR DATES)	215-12-7		Sherri			me	
=			alle alle		044 mis	• DITOLIT	Zerrer.	Da	APPROXIMATE	INTERVAL
	18. CAUSE	OF DEATH (Enter and DEATH WAS CAUSED	BY:	rly portal	cirrhosis	with fat	ttv infilt	ration	BETWEEN ONSET	
1	157	15 IMMEDIAT	E CAUSE (a)	AS A CONSEQUENCE O			liver			
	-									
	Canditi	ans, if any, which			a ditta			0.000		
1	gave	ans, if any, which	(b)			Ya ala		92		
	gave cause (< , , , , , , , , , , , , , , , , , , ,	AS A CONSEQUENCE (Y X
	gave cause (i lying co	rise to immediate a) stating the <u>under-</u> ause last.	DUE TO, OR	AS A CONSEQUENCE (OF					
NO	gave cause (i lying co	rise to immediate a) stating the <u>under-</u> ause last.	DUE TO, OR		OF	N GIVEN IN PART 1 (a).				
ATION	gave cause (i lying co	rise to immediate a) stating the <u>under-</u> ause last.	ONTRIBUTING TO DEATH	AS A CONSEQUENCE (OF INAL DISEASE OR CONDITIO				20. AUTOPSY?	
IFICATION	gave cause (i lying co	rise to immediate a) stating the <u>under-</u> guse last.	ONTRIBUTING TO DEATH	AS A CONSEQUENCE C	OF INAL DISEASE OR CONDITIO				20. AUTOPSY? YES (X	NO [
ERTIFICATION	gave cause (cause (caus	rise to immediate a) stating the underguse last. SIGNIFICANT CONDITIONS OF OPERATION NAL CAUSE WAS	ONTRIBUTING TO DEATH 196. CONDIT	AS A CONSEQUENCE OF THE TERM TON FOR WHICH OPER INJURY	DF INAL DISEASE OR CONDITIO ATION WAS PERFOR	RMED?	NATURE OF INJURY IN ITEM		YES 🏝	
AL CERTIFICATION	gave cause (cause (caus	rise to immediate a) stating the under- ruse last. SIGNIFICANT CONDITIONS OF OPERATION NAL CAUSE WAS	ONTRIBUTING TO DEATH 19b. CONDIT 21b. TIME OF HOUR A.M	AS A CONSEQUENCE OF THE TERM ION FOR WHICH OPER INJURY MONTH DAY YEAR	DF INAL DISEASE OR CONDITIO ATION WAS PERFOR	RMED?	NATURE OF INJURY IN ITEM		YES 🏝	
EDICAL CERTIFICATION	gave couse (couse (cous	PER OPERATION VAL CAUSE WAS OF OPERATION VAL CAUSE WAS IG OR ING CAUSE OF E	ONTRIBUTING TO DEATH 196. CONDIT 216. TIME OF HOUR A.M P.M 216. PLACE C	AS A CONSEQUENCE OF THE TERM ION FOR WHICH OPER INJURY MONTH DAY YEAR 19 OF INJURY (AT HOME,	ATION WAS PERFOR	RMED?		18 PART 1 OR PART 2	YES 🏋	NO [
MEDICAL CERTIFICATION	gave couse (couse (cous	PER OPERATION VAL CAUSE WAS OF OPERATION VAL CAUSE WAS IG OR ING CAUSE OF E	ONTRIBUTING TO DEATH 196. CONDIT 216. TIME OF HOUR A.M P.M 216. PLACE C	AS A CONSEQUENCE OF THE TERM ION FOR WHICH OPER INJURY MONTH DAY YEAR 19	INAL DISEASE OR CONDITION ATION WAS PERFOR	RMED?	NATURE OF INJURY IN ITEM CITY OR TOWN		YES 🏋	NO [
MEDICAL CERTIFICATION	gave couse (couse (cous	PER CAUSE WAS ING OR COURRED NOT WHILE AT WORK	ONTRIBUTING TO DEATH 19b. CONDIT 21b. TIME OF HOUR A.M P.M 21e. PLACE C STREET, FACT	INJURY MONTH DAY YEAR MONTH DAY YEAR ORY, FARM, ETC.)	ATION WAS PERFOR 21c. HOW INJURY 21f. LOCATION STREET	OCCURRED (ENTER	CITY OR TOWN	18 PART 1 OR PART 2	YES 🔀	NO [
MEDICAL CERTIFICATION	gave cause (in lying country) PART 2 0 THER 19a. DATE COUNTRIBUTION TRIBUTION TRIBUTI	PERFORMANCE OF CAUSE OF COCCURRED AT WORK	ONTRIBUTING TO DEATH 196. CONDIT 216. TIME OF HOUR A.M P.M 216. PLACE C STREET, FACT	AS A CONSEQUENCE OF THE TERM ION FOR WHICH OPER INJURY MONTH DAY YEAR 19 OF INJURY (ATHOME, ORY, FARM, ETC.)	INAL DISEASE OR CONDITION ATION WAS PERFOR 21c. HOW INJURY 21f. LOCATION STREET Autopsy X,	OCCURRED (ENTER	CITY OR TOWN	18 PART 1 OR PART 2	YES 🔀	NO [
MEDICAL CERTIFICATION	gave couse (couse (cous	PERFORMANCE OF CAUSE OF COCCURRED AT WORK	ONTRIBUTING TO DEATH 19b. CONDIT 21b. TIME OF HOUR A.M P.M 21e. PLACE C STREET, FACT	INJURY (ATHOME, ORY, FARM, ETC.)	ATION WAS PERFOR 21c. HOW INJURY 21f. LOCATION STREET Autopsy X, icide J. Hamil	OCCURRED (ENTER	CITY OR TOWN	18 PART 1 OR PART 2	YES 🔀	NO [
MEDICAL CERTIFICATION	gave cause (in lying country) PART 2 0 THER 19a. DATE COUNTRIBUTION TRIBUTION TRIBUTI	PERFORMANCE OF CAUSE OF COCCURRED AT WORK	ONTRIBUTING TO DEATH 196. CONDIT 216. TIME OF HOUR A.M P.M 216. PLACE C STREET, FACT	AS A CONSEQUENCE OF THE TERM ION FOR WHICH OPER INJURY MONTH DAY YEAR 19 OF INJURY (ATHOME, ORY, FARM, ETC.)	ATION WAS PERFOR 21c. HOW INJURY 21f. LOCATION STREET Autopsy X, icide J, Hamil	Inspection , unde	CITY OR TOWN Inquiry ,	COUNT and in my apini	YES 🏝	NO [
MEDICAL CERTIFICATION	gave cause (couse (cous	Properation NAL CAUSE WAS TING OR CAUSE OF D OCCURRED NOT WHILE AT WORK Tiffy that I taak charg	ONTRIBUTING TO DEATH 196. CONDIT 216. TIME OF HOUR A.M P.M 216. PLACE C STREET, FACT	AS A CONSEQUENCE OF THE TERM ION FOR WHICH OPER INJURY MONTH DAY YEAR 19 OF INJURY (ATHOME, ORY, FARM, ETC.)	ATION WAS PERFOR 21c. HOW INJURY 21f. LOCATION STREET Autopsy X, icide J, Hamil	Inspection , unde	CITY OR TOWN	18 PART 1 OR PART 2	YES 🔀	NO [
MEDICAL CERTIFICATION	PART 2 OTHER 19a. DATE C 21a. EXTERN UNDERLYIN CONTRIBUI 21d. INJURY WHILE AT WORK 22a. I cer death resu ACTUAL SIGNATURI	PROPERATION NAL CAUSE WAS OF OPERATION NAL CAUSE WAS OF OUT WHILE AT WORK Third that I taak charg wheel fram: Nature	DUE TO, OR (c) 196. CONDITION TIME OF HOUR A.M. P.M. 216. PLACE CONTRIBUTION DEATH 216.	INT NOT RELATED TO THE TERM ION FOR WHICH OPER INJURY MONTH DAY YEAR 19 DE INJURY (AT HOME, ORY, FARM, ETC.) Cribed above, held an Accident , Su	ATION WAS PERFOR 21c. HOW INJURY 21f. LOCATION STREET Autopsy X, icide Hamie M.D. ASS	Inspection, cide	Inquiry , etermined manner DICAL EXAMINER	COUNT and in my apini	YES 🏝	NO [
MEDICAL	PART 2 OTHER 190. DATE C 21a EXTERN UNDERLYIN CONTRIBUI 21d. INJURY WHILE AT WORK 22a. I cer death resu ACTUAL SIGNATURI EXAMINER' (TYPE OR PE	Prise to immediate a) stating the undergrouse last. SIGNIFICANT CONDITIONS OF OPERATION NAL CAUSE WAS OF COCCURRED CAUSE OF E OCCURRED NOT WHILE AT WORK E SINAME RINT VIRG	DUE TO, OR (c) 19b. CONDIT 21b. TIME OF HOUR A.M 21e PLACE C STREET, FACT e of the remains des al causes inia L. D	INJURY MONTH DAY YEAR 19 OF INJURY (AT HOME, ORY, FARM, ETC.) Olan, M.D.	ATION WAS PERFOR 21c. HOW INJURY 21f. LOCATION STREET Autopsy X, icide Homin TITLE (S	Inspection, cide	Inquiry , termined manner DICAL EXAMINER	COUNT and in my apini	YES 🏝	NO
MEDICAL	PART 2 OTHER 190. DATE C 21a EXTERN UNDERLYIN CONTRIBUI 21d. INJURY WHILE AT WORK 22a. I cer death resu ACTUAL SIGNATURI EXAMINER' (TYPE OR PE	Properation AL CAUSE WAS OF OPERATION NAL CAUSE WAS OF ORE OR TING CAUSE OF E OCCURRED NOT WHILE AT WORK THIS that I took charge of the control of th	DUE TO, OR (c) 19b. CONDIT 21b. TIME OF HOUR A.M 21e PLACE C STREET, FACT e of the remains des al causes inia L. D	INJURY MONTH DAY YEAR 19 OF INJURY (AT HOME, ORY, FARM, ETC.) Olan, M.D.	ATION WAS PERFOR 21c. HOW INJURY 21f. LOCATION STREET Autopsy Y, icide Hamie TITLE (S M.D. ASS ADDRESS	Inspection, cide	Inquiry , etermined manner DICAL EXAMINER	COUNT and in my apini	YES (**) Y an 3/18/	NO [

Items #10a-22a Film G530 4/12/19 rostate of Maryland

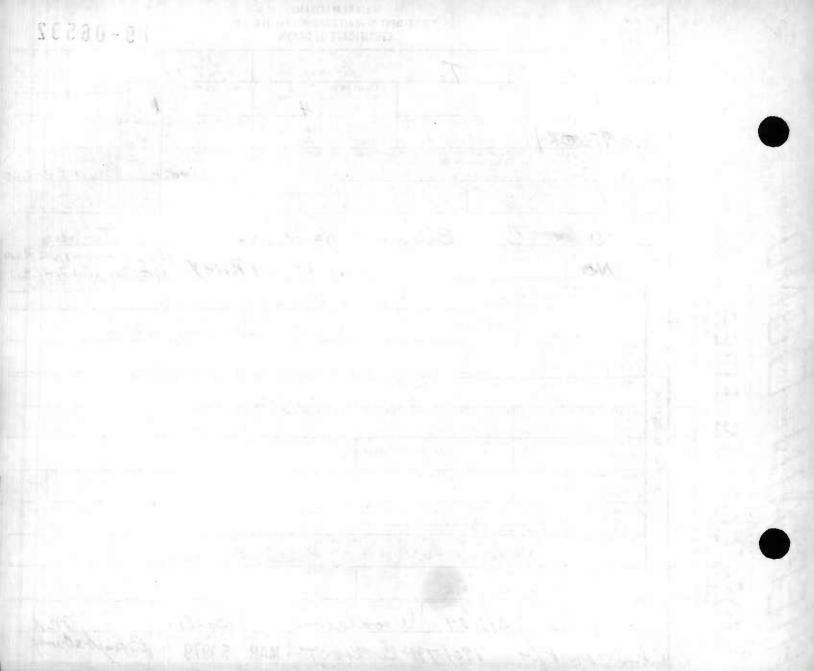
Wester 15 and 17 and 17

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME / Luverne Riggle Sweet 20 DATE OF DEATH YEAR Luverche 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED V . S . A . BAHO. michigAN WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 5/1 BA1+0 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Baltimore 6040 Harford Road 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Rodney Sweet Edith Burnham ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 3707 ChateaElRiggttnCity, 213-84-2872 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I, DEATH WAS CAUSED BY: offer Conditions, if any, which gave rise to immediate couse (o), stoting underlying couse a TO THE TERMINAL DISEASE OR CERTIFICATION 20b. IF YES WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 190 DATE OF OPERATION 200 AUTOI (Hygie) NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased saw the deceased alive an Ward 4 that in (my) (am) apinion death accurred on the date and haur and from the causes stated 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS & NAME IT ld b 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) CITY OR TOWN COUNTY STATE BP Burial 20,1979 Pisgah Presbyterian 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 ADDRESS (VRA 15 (4)) MAR Leonard J. Ruck, Inc. Baltimore, Maryland

STATE OF MARYLAND



B MARRIED A NEVER MARRIED DIVORCED DIVO	ZO PM ER 24 HRS MIN.
1. DECEASED NAME FIRST MIDDLE LAST 1. DECEASED NAME FIRST MIDDLE 1. DECEASED NAME FIRST MIDLE	ZO PM ER 24 HRS MIN.
3. SEX 4. RACE 5. DATE OF BIRTH MONTH , DAY YEAR 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR WONTHS DAYS HOURS 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY?) 8 MARRIED MA	ZO PM ER 24 HRS MIN.
3/2/79 3. SEX 4. RACE 5. DATE OF BIRTH MONTH 1 DAY YEAR 7. BIRTHPLACE (STATE OR FOREIGN COUNTRY?) 6. AGE (IN YEARS LAST BIRTHDAY) MONTH 1 DAY MONTH 1 DAY YEAR 7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED NEVER MARRIED 7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED NEVER MARRIED 7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED 7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MONTH 1 DAY	ER 24 HRS MIN MD,
B MONTH DAY YEAR JO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED WIDOWED DIVORCED	MD,
76. BIRTHPLACE STATE OR FOREIGN 76. BIRTHPLACE STATE OR FOREIGN 77. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY 8 MARRIED MEVER MARRIED DIVORCED DIVO	MD.
MARRIED MEVER MARRIED WIDOWED DIVORCED	MD. NESS OR
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (IT YES OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	MD.
The state of the s	NESS OR
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 1	HILLE
130. STATE 130. STATE 130. STATE 130. STATE 130. STATE 130. STATE ADDRESS 4923 Herring Run 1	1.0100
15. MOTHER'S MAIDEN NAME	Dr.
FIRST MIDDLE LAST FIRST MIDDLE LAST	
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18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:	ERVAL ID DEATH
IMMEDIATE CAUSE (a) Canding Malmonary arrest. DUE TO, OR AS A CONSEQUENCE OF Malmonary arrest. Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.	
O to be see to immediate to imm	
gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF	
Note by the second of the seco	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
Cancer of tongue	
190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO YES NO YES NO 200. AUTOPSY? 210. ACCIDENT WAS UNDERLYING 2110. TIME OF INJURY 2110. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2]	ED ATH?
YES NO YES NO YES NO YES NO	
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING PART 2]	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 21d. IVJURY OCCURRED 21d. IVJURY OF CELEFORM, ETC.) STREET CITY OF TOWN CITY OF TOWN STREET CITY OF TOWN COUNTY ST	
216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION COUNTY ST	STATE
WHILE AT WORK AT WORK AT WORK 1 (1) (this hospital) attended the deceased from 3/2/79 19 to 3/2/79 19	
Q 0 0 E 27a certify that (1) (this baseled) attended the deceased from 3/2-//7 19 to 3/2-//7 19 that (1) (1)	(we) last
saw the deceased olive on, and that in (my) (our) opinion death occurred an the date and hour and from the couses sta	stated
교로 교육 및 A 및 17th. SIGNATURE DEGREE 12th. DATE SIGNED)
PHYSICIAN DIDECTOR DEPOSITION OF	
THE REPORT OF THE PROPERTY OF	
20 20 5 6 reem St. 2/20/	/
23a, BURIAL CREMATION, REMOVAL 1734, DATE 1736, NAME OF CEMETERY OR CREMATORY 1736, LOCATION	
BP (SPECIFY BURIAL 3/2/19 Woodlaws Balto, COUNTY MA	1
DHMH - 16 50M 1/76 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. RECOTRAR'S SIC MATY LE	



FOR DEPARTMI

736 Edmondson Ave.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-06593

		REGISTRAR		CERTIFICA	AIE OF DEATE		REG. NO	1 0		
		CEASED NAME FIRST OR PRINT)	MIDDLE	EAST P		6 75	DATE OF DEATH	ONTH DA	7.00	26. HOUR
	A 653	HOWAK		KIL		Sr.	ACE ANALYSIS AND A	3-10	UNDER I YEAR	10:20 P M
	3 SEX	Male	Caucasian	S. DATE OF B	DAY YE	AR O. /	4GE (IN YEARS LAST BIRTH		ONTHS CAYS	HOURS MIN
35	7a. BII	RTHPLACE ISTATE OF FOREIGN DUNTEY	76 CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED	NEVER MARRIE		BALTIMORE CITY OF	COUNTYC	City	MD.
43	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR C			PECHAN	ight Work INC (IFE)	INDUSTRY	DE BLISINESS OR
35	USUA 130. S	AL RESIDENCE (IF NURSING HOME OR TATE	11	WN 136	I INSIDECITY LIM	ITS? 13e	STREET ADDRESS	h:1/	Road	
30		Jessie Lee	Riley LAST		MOTHER'S MAID	A	WIDDLE		Ros	(Royer)
2	{Y	VAS DECEASED EVER IN U.S. AR. ES, NO OR UNIDOWN) (EVES GIVE VICES WW	MED FORCES? 166 SOCIAL SEC WAR OF DATES) 217-2	0-0928 A	Mrs.Dor	othy.	imore address. S.Riley	-5302	Over	rhillRd.
	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, ORAS A CONSEO	te hea myscar	rdial	infar	ction L DISEASE OR COND	ITION GIVEN	N IN PART 1(01
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION V	VAS PERFORMED		YES IN NO			NGS USED 5 OF DEATH? NO
9	MEDICAL CERT	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19	IL LOCATION STREET	OCCURRED	(ENTER NATURE OF INJURY		T 1 OR PART 2)	STATE
	4	sow the deceased olive on	tal) attended the deceased from	3/		79 ipinion deat	, to3//	O , 10 te and hour	9 <u>79</u> ,	that (I) (we) last
		226. SIGNATURE	1. lauley m			DING A	AEDICAL STAFI IRECTOR PHYSICI	AND	3/1	SIGNED 0/79
		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	27	2e. ADDRESS					
1		BARBARA			3001 S ETERY OR CREMA	, Ha	nover S	treed,	Ва	Ito.

NAME

Thursday, I have a series Male Mancoston a Fare & ill right ALL MARKET LAND DVALLE Add Straine II x 1 soon 5% hul Rad Jecis Lee Ston
The Later of the A PA TON A A A A A equito 1 Orange 1 Comments in the second All the banks to the second to 3 urial wolld/29 haudowridge semorial Park-HauaraCty, Pd. much the same of the same

	DEC	ASED NAME	FIRST	77121	MIDDLE			LAST	CATEO		a DATE KI	NOWN	MONTH		YEAR	26 HOUR
25	(TYPE	OR PRINT)	JAMES				R	CARY			DEATH A	AATED X	3	10	9 79	M
Vis.	sex ma	le ne	egro	S. DATE OF BIRTH MONTH DAY 2 19	YEAR	6. AGE (IN YE.	MON (Y)	NDER 1 YR.	HOURS		RONOUNC DEAD	ED	MONTH 3	11	YEAR 19 79	10:50
	a. BIR	THPLACE (STATE OR		7b. CITIZEN OF WE	HAT COUN		1	RIED NE	VER MARRI DIVORC	ED 📙	Baltimo Balti	RECITYOR	-	ITY OF DI		MD.
0		ORTOWN OF DE Baltimo	re	11. NAME OF HOS (IF NOT IN SUCH FA	t. Ro	reet address)	e.	HER INSTITU	MOIT	12a. USU, FOR M	AL OCCUPA OST OF WORKIN	TION (TYPE (OF WORK	12b. KIN OR	INDUSTR	SINESS
	SUAL a STA	RESIDENCE (IF IN NI ATE Md	13b. COUNT		13c. CITY	BEFORE ADMISSE OR TOWN	ON)	13d. INSIDE O	CITY LIMITS?	1	ET ADDRESS East		zett	6		
T	I. FAT	HER'S NAME FIRST		MIDDLE		LAST		15 MOTH	ER'S MAIDE FIRST		MIDE				AST	
16	o. W.	AS DECEASED EVER	(IF YES, GIVE W	ED FORCES?		S-32-95		17. INFOR	MANT	Y, all		ADDRESS				
		Conditions, if gave rise to couse (a) storin lying cause last	IMMEDIATE any, which immediate g the <u>under</u>	BY: CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	Mult: AS A COM	Lple dr	OF OF							BETW	een onse t	AND DEATH
-		190. DATE OF OPER				WHICH OPER				KI 1 (a).				20. Al	UTOPSY?	
3	2	210. EXTERNAL CAU UNDERLYING	OR		. MONTH	DAY YEAR		HOW INJURY	Y OCCURRE	D LENTER N.	ATURE OF INJUR	RY IN ITEM 18 PA	ART 1 OR P		ES 🔼	NO 🗆
	MEDIC	WHILE NO.	RRED	21e PLACE		(AT HOME.	21f. LG	STREET			CITY OR TOWN	١	C	OUNTY		STATE
2_		22a. I certify that death resulted fra ACTUAL EIGNATURE EXAMINER'S NAME TYPE OR PRINT)	t I took charge m: Nature Ann	af the remains des al causes X, M. Dixon	Accident M.	□, su	Auto	Hami TITLE (S M.D. ASS	specify) istant	Undete t_MEDI		ner,	DATE SIGN		12-79	9
<u>Z</u>	(2;	RIAL, CREMATION, ECIFY) EMOVAL	REMOVAL 23	March 16		NAME OF CE	METERY	OR CREMAT	ORY	23d. LO	CATION OR TOWN		co	UNTY	ST	ATE
,,	14. FU	NERAL DIRECTOR NAME TOMY BOAF	RD OF M	ADDRESS		LTIMOR	E. M	IARYT.AI	MARD	REC'D. BY	REGISTRAR	25b. REG IS	TRAR'S	SIGNATI	URE	ئر

4 6 5 9 0 - 8 2 - 6 2 -

1		EASED NAME	FIRS	Т		WIDDLE		l	AST					NTH DAY	YEAR	2b. HOUR
10			EM			Lo			BBINS	3		DEATH M	ATED 🗌		19 79	M
1		emale	Black	MONTH	OF BIRTH	YEAR 1935	6. AGE (IN YEAR LAST BIRTHDAY 43 YRS	MONTH	DER 1 YR.	HOURS	DER 24 HRS.	PRONOUNCE DEAD	D 3		19 79	1414.07 A M
1	FOR	THPLACE (ST		76. CITI.	US.			MARRIE WIDOWE			RRIED	9 BALTIMOR Baltin	more Ci		DEATH	MD.
P	E	altimo	re	247	Colvi	n St	RSING HOME,		R INSTITU	JTION	FOR	UAL OCCUPAT MOST OF WORKING 10USEW:	G LIFE)		IND OF BU OR INDUSTR	
1	3a ST	RESIDENCE (ATE Md	IF IN NURSING HO	OME OR OTHER IN	STITUTION, GIV	136. CITY Bal	BEFORE ADMISSION OR TOWN to.	4)	13d. INSIDE (CITY LIMITS	13e STE	Colvi	n Stre	et		
		HER'S NAME FIRST Napo	leon	Canty			LAST		Beul	lah	IDEN NAMI	MIDDL	Ja	ames	LAST	
	YE N	AS DECEÁSED S, NO, OR UNKNOV	WN) (IF YES,	GIVE WAR OR DA	(CES?		34 402		Beul:		Canty	908 C	oppin (Ct.		
	7	Condition gove ris couse (a) lying cause	s, if ony, where to immed stoting the united sections of the united sections.	USED BY: DIATE CAUSI hich liate der- D	(b)	AS A CON	Subdura SEQUENCE OF							138	approximate Ween Onset	AND DEATH
	NO	PART 2 OTHER SIG					TED TO THE TERMIN xicatio		OR CONDITIO	ON GIVEN IN	PART 1 (a).					
	CERTIFICATION	19a. DATE OF		- =	96. CONDIT	ION FOR \	WHICH OPERA	TION WA	S PERFOR	RMED?					AUTOPSY?	NO []
	MEDICAL CE	210. EXTERNA UNDERLYING CONTRIBUTION 21d. INJURY O WHILE AT WORK	OR IG CAUSE CCURRED	OF DEATH	16. TIME OF HOUR A.M. 9 : 0 (L.) 16. PLACE O STREET, FACTO	MONTH 3/2! FINJURY DRY, FARM, ET	DAY YEAR 1979 (AT HOME,	311. 100	ject ATION REET	fel	l down	CITY OR TOWN		COUNTY		STATE
		77	y that I took of		nen	ribed abo Accident	, Suici	Autopsy ide	Homic	Inspec cide C SPECIFY)	Under	Inquiry Ermined manner	er 🔲,	ny opinian ATE GNED	Md.	5/79
2	30.BU	RIAL, CREMAT	ION, REMOV	AL 23b. DATE		23c. N	IAME OF CEMI	TERY OR	CREMATO	ORY	23d. LC	OCATION OR TOWN		COUNTY	STA	ATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MONTH (TYPE OR PRINT) ESSIE MAE DEATH MATED & early March Roberson 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. SEX 5 DATE OF BIRTH IF UNDER 24 HRS DATE 24 HQU5 PRONOUNCED Female. Black 4 26 29 19 79 DEAD PM 49YRS Th CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) S.C. USA Balt imore, City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 20 N. Morley Ave. FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore 8 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD 13a. STATE 13c. CITY OR TOWN 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3037 W. Lanvale St. Md. Balto. YES X NO VITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MD MIDDLE LAST AND Unkn 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 217-24-1378 William H. Robinson 1624 N. Montford Rd 18. CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple sharp force injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost CREMATION PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES X NO BE 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH, DAY 0 assaulted by assailant(s) MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME, 211 LOCATION 21d. INJURY OCCURRED AT WORK AT NOT WHILE STREET, FACTORY, FARM, ETC.) 20 N. Morley Avenue Baltimore, Maryland apt. Autopsy X 22a. I certify that I taak charge af the remains described above, held an Inspection and in my apinian Homicide X death resulted fram: Accident Undetermined monner Natural causes TITLE (SPECIFY) ACTUAL TO MEDICAL E
EXECUTE THE C
PAGE 4 SHOU
TO FUNERAL D
AFTER DEATH, V
BALTIMORE, MA DATE 3/13/79 DASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23e BURIAL, CREMATION, REMOVAL 23b. DATE STATE Burial 3/17/79 Baltimore, Md. Baltimore Cem. 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Wm C March F/H 1101 E. North Ave. VR A15 ME (5)) 30M 7/73

18-03596

Librational point datable or once mode of faith

THE THE SECOND STREET STREET

ottending physician and completely filled in by the funeral dir nove corban papers. Pages 1 and 2 shauld be filled within 72 hau

medical examine must be notified

injury, or other troumotic event, the n

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the bural-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

TO HOSPITAL OR ATTENDING PHYSICIAN; The low retained by the hospital or attending physician IMPORTANT: If Hem 21 is morked or frem 18 shows any

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	_	0	6	5	9	7
NO.	_		-				

- STATE REGISTRAR			CERTIF	ICATE OF DE	ATH	REG. N	19	- 0 6)] :		
DECEASED NAME FIRST TYPE OR PRINT)		MIDDLE		LAST		2a DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	R
BERTH	IA		F	ROBERTS			03	05	79	11:4	+3A
SEX	4 RACE		5. DATE			6. AGE (IN YEARS LAST BIR	THDAY)		ERIYEAR	IF UNDER	24 HRS
FEMALE	WHI	TE	12		YEAR 88		O YRS	MONTHS	DAYS	HOURS	MIN
BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MA	20150 C	9. BALTIMORE CITY			ATH		
MARY LAND	II.	S.A.	WIDOW		RCED [BALTIMOR	E CT	TY			MI
). CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C			120 USUAL OCCUPAT	IÓN	126		F BUSINE	_
BALTIMORE		LVER CROS		AF.	52-24	HOMEMAKER		LIFE) IN	DUSTRY		
SUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	115							
3a STATE 13b COUN		13c. CITY OR TOWN		113d. INSIDE CITY		13e STREET ADDRESS	NIDGO	NT A T7	TAILI		
MARYLAND BALT	IMORE	CATONSVI	تابابا.	YES TO NOTHER'S A	A A IDEN NAA	6036 EDMC	OSUM	NAV	ENUE		
FIRST	MIDDLE	LAST		FIR	ST	WIDDLE			LAS		
CHARLES		WIECHM			NKNOWN	ADDRI		В	LAIR		
WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? EWAR OR DATES)	166 SOCIAL SECUI	RIIY NO.	17. INFORMAN							
NO		215-01-8	593	SILVER	CROSS	HOME, 5124	+ GRE				
18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly one couse per	line for (a), (b), and	d (ch)	A COLUMN		Van Grand State			APPROXI	MATE INTER	VAL
	E CAUSE (o)	Corona	ary o	cclusion	1		446.5	1	our	5	
410-	DUF TO O	R AS A CONSEQUE	NCE OF								
Conditions, if ony, which	(b)A)	rterioscl	eroti	e cardio	vascu.	lar disease		7	rears	3	
gave rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUE	NCE OF	Total In	765		11 15				
underlying couse lost.	(5)	A3 A CONSCOUL	IACE OI								
PART 2. OTHER SIGNIFICANT (ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	O THE TERMI	IN AL DISEASE OR CON	DITION	IVEN IN	PART 1(c))	
Organic brain	syndrome	, Osteomy	relit	is in th	e hip	joints.					
Organic brain s	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	AED	20a AUTOPSY?	20b. IF Y	ES, WER	FINDIN	IGS USE	
	C					YES NO X	4	TIFYING	CAUSES	NO [
210. ACCIDENT WAS UNDERLYING	216. TIME O			21c. HOW INJU	IRY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 1	B, PART 1 OF	PART 2)		_
	\$110	M. MONTH DA									
OR CONTRIBUTING CAUSE OF DEA	71e. PLACE		19	21f. LOCATION							
WHILE NOT WHILE		EET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET		CITY OR TO	WN	co	YTAL	SI	TATE
AT WORK NOT WHILE AT WORK	YY I I I	1 11	Mar	ch	19.76	, Februar	37	10	70		VV.
22s. I certify that (I) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Feb. 28	deceosed from 7	_			death occurred on the d		_, 19		that (I) (
above [thiws] (she sided no	ti vie= the BSdy	olter death.	1	DEGREE	or, opinion c	scom occorred by the o	ore one ii				red
22h SIGMS TOP	11/1/	oher!			ENDING	MEDICAL STA	FF	1	B/6/		
1000 and	11/10	muy/		PH	YSICIAN [MEDICAL STA DIRECTOR PHYSIC	IAN 🗌	-	10/0	7	
224 PHYSICIAN'S NAME (1994 O	R PRINT)	1		22e. ADDRESS							
MILLARD T. TRA	BAND I	R. M.D.		1811 N	ROLL	ING ROAD	2120	7			
30. BURIAL, CREMATION, REMOVAL	734 DATE	23c. N	IAME OF C	EMETERY OR CR		23d LOCATION		COUNT	,	STA	ATE
BURIAL	03-08	-79	LOUDO	ON PARK		BALTIMOR	E CI			YLAN	
4 FUNERAL DIRECTOR		-	21	1229	25a. DATE	REC'D. BY REGISTRAR	25b. RE G	STRAR'S	SIGNAT	URE	
HUBBARD FUNERAL	HOME T	NC 4107			MAR	7 1079	King	May 1	heli	sody	

DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND



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BUBLE 3/15/79 NT. AMBUR CONT. N. A. M. M. M.

DONES T. SEEM 45:7 PAGE RECORD AVENUE HAR VENUE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 2ª DATE OF DEATH MONTH LTYPE OR PRINTS SEORGE ROBERIS MAR. 27, 5 DATE OF BIRTH MONTH DAYS HOURS Male Black 14 1914 Te SIRTHPLACE (STATE OF FOREIGN 7% CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED . NEVER MARRIED COUNTRY) BALTIMORE Md. WIDOWER DIVORCED | IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore JOHN5 HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 138 COUNTY 142. CHY OR TOWN 130. STATE Ballelmore 13. STREET ADDRESS 134 INSIDE CITY LIMITS? 1112 N. Patterson Pk. Ave. NO T YESXIX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Johnson George Roberts Anna ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT (YES, NO DELINKHOWN) I (IF YES, GIVE WAR OR DATES) 213-16-3821 Joseph Roberts 1400 E. Madison St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 1 how muso cavilio DIVISION BY WHAT RECORDS, 201 W. PRESIDEST IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse 101, stoting DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO T YES 🗍 21a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY ZIC HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINERS 21e PLACE OF INJURY 211 LOCATION 71d INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 270.1 certify that (1)(this hospital) attended the deceased from saw the deceased live on 2/1/4 above, 11 we) Idia (did not) view the body after death. and that in the (our) opinian death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN should be de with the Stot IMPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT 77e ADDRESS ean 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Anne Arundel Burial Md STATE 3/30/79 Mt. Calvary Cem. 24 FUNERAL DIRECTOR DHMH-16 20M Wm. C. March F/H 1101 E. North Ave. (VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

1	1.	FOR STATE REGISTRAR	DEPAR		IEALTH AND MENTAL HYG	IENE 79-	06600
9 24		CEASED NAME FIRST	MIDDLE		ROBERTS	26. DATE OF DEATH MONTH	DAY YEAR 28. HOUR 8:30 A M
director, po	3. SE	x Female	Cauc.	S DATE (of Birth 18 ^{DAY} 1908	6. AGE [IN YEARS LAST BIRTHDAY] 70 YRS	IF UNDER 1 YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN
John 72	h	IRTHPLACE (STATE OR FOREIGN OUNTRY) Cenn.	76 CITIZEN OF WHAT COUNTRY U.S.A.	WIDOW		Baltimore City or count Baltimore City	Y OF DEATH MD.
by the filed will have notified will	Ва	altimore	11. NAME OF HOSPITAL, NURS LIENOTIN SUCH FACILITY, GIVE STREE ON DEAT	TON (med. CTR.	17a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LI HOUSEWITE	12b. KIND OF BUSINESS OR INDUSTRY
filled in hould be	I	AL RESIDENCE IN NURSING HOME OR STATE 136 COUN A.A.A.	OTHER INSTITUTION, GIVE RESIDENCE BEFO ITY 130. CITY OR TO! CO Gambril	WE ADMISSION! WN LS	YES NOT	130. STREET ADDRESS 609 Florida Pl.	
completely 1 and 2 s		Elcanna Jeremi	3			Josephine Coker	LAST
Poges medic	160	NAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN] I IF YES, GIVE NO	MED FORCES? 166 SOCIAL SEC WAR OR DATES! 408-24		Mary L. Ell	ADDRESS Lenburg Gambril	
g physicio g physicio con papers removol.			ly ane cause per line far (a), (b), a D BY E CAUSE (o)	end icin,			BETWEEN ONSET AND DEATH
is that the atending debt by the attending leave confusions or and, cremation, or a or other froumatic.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE PROPERTY OF THE PROPE	de les	en en dis	vareule dies	>10yr.
requires an signed Then plu or to burie	NOI	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART 1(0)
the low iction. te hos being streeprice price.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
ng physic certificate iriol-trans entol Hyg them 18 sl		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL OF BETTER, NOTIFY MEDICAL EXAMINERS		DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2]
offendir offer this os the bu h and Marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
spital or CTOR: A Ifor use of Healt		saw the appropriate growthing	tali uneggled the deceased from	100	nd that in my) (our) opinion o	to A Mean death occurred an the date and had	19, that (I) (we) lost our and from the couses stated
y the ho RAL DIRE detached fore Dept		274 SIGNATURE	Va mo		DEGREE GROWN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
or nosping		THE PHYSICIAN'S NAME GYPE OF	LER		Duiv, MI	d. Hospita	1
BP	1	BURIAL, CREMATION, REMOVAL SPECIFY). BUrial			EMETERY OR CREMATORY Creek Presb. (Tenn.
DHMH-16 20M {VRA 15, 4} 7/78		UNERAL DIRECTOR Hardesty F. H.	12 Ridgely Ave		1401 M/A	REC'D. BY REGISTRAR 256. REGIS	TRAN'S SIGNATURE

STATE OF MARYLAND



		FOR STATE REGISTRAR			ICAL EXAM		ERTIFICATE		TU	G. NO.7 Q	-066	0.2
	I. DEC	CEASED NAME CORPRINT)	Calv	in	P.	Da	h d = = = =		OF ESTI-	N X MONTH	14 19 79	2ы ноц
4	3. SEX		ACE	5. DATE OF BIRTH	6. AGE (I				C. DATE	монтн	DAY YEAR	2d HO!
7a.	BII	REIGN COUNTRY)	Black OR	7 15 76. CITIZEN OF WH	AT COUNTRY?	YRS. 8. MARRI	ED NEVER MA	RRIEDXX	DEAD 9. BALTIMORE C	_		A
		Md. TYORTOWNOFT Baltimore		11. NAME OF HOSP	U. S. A. WIDOWED DIVORCED Baltimore C NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Maryland General Hospital							USINESS TRY
USUAL RESIDENCE (# IN NURSING HOME OR				OTHER INSTITUTION, GIV	HER INSTITUTION, GIVE RESOURCE DEFORE ADMISSION) BAILTIMORE 13d. INSIDE (ITY LIMITS? YES NO 13e, STREET ADDRESS YES NO 35 West Prest					reston	st	
				MIDDLE	Robinso	on	15. MOTHER'S MA	IDEN NAME	WIDDLE		opence	
					212-30	IRITY NO.	17. INFORMANT		nson 4:	RESS		Ave
	NC	gove rise cause (a) sta lying couse li		DUE TO, OR A	AS A CONSEQUEN AS A CONSEQUEN BUT NOT RELATED TO THE	CE OF	OR CONDITION GIVEN II	N PART 1 (g.:				
4	ATIC		FDATION	IIII CONDIT	ON FOR WHICH O	DEDATION W					20. AUTOPSY	1?
	TIFIC	19a. DATE OF OP					AS PERFORMED?				YES 🔀	NO [
	CAL CERTIFICATION	21a. EXTERNAL C UNDERLYING CONTRIBUTING	AUSE WAS	21b. TIME OF HOUR A.M. EATH P.M.	INJURY MONTH DAY Y	/EAR 21c. HC	OW INJURY OCCU	RRED (ENTER N	ATURE OF INJURY IN IT	EM 18 PART 1 OR P.	YES 🔀	NO 🗆
	MEDICAL CERTIFIC	21a. EXTERNAL C UNDERLYING CONTRIBUTING	AUSE WAS OR CAUSE OF D	21b. TIME OF HOUR A.M. P.M. 21e PLACE O	INJURY MONTH DAY	/EAR 216. HC		RRED (ENTERN	TATURE OF INJURY IN IT	9 /	YES 🔀	NO _
		21a. EXTERNAL C UNDERLYING CONTRIBUTING 21d. INJURY OCC WHILE AT WORK	AUSE WAS OR OR CAUSE OF D URRED OT WHILE T WORK nat I taak charge ram: Nature	21b. TIME OF HOUR A.M. EATH P.M. 21e PLACE O STREET, FACTO	INJURY MONTH DAY 19 FINJURY (ATHOM DRY, FARM, ETC.) ribed abave, held of Accident,	E. 21f. LOSS Suicide	OW INJURY OCCU	ction	Inquiry , rmined manner	9 /	YES 😿	STAT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06603 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME FIRST 20. DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) Sr. MARCH EDDIE ROBINSON 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5 DATE OF BIRTH IF LINDER 24 HP DAYS HOURS 1897 Male Black 81 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED Va. S. A. DIVORCED [WIDOWED BALTIMORE CITY IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore PRESTON ST., BAITIMORE, MARYLAND 2130 THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1225 Ellwood Ave. 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? P Md. Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Sidney Robinson Melinda 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT medic 28-10-0170 Helen Robinson 1225 Ellwood Ave. 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY LUNG CONCER 1978-1 IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 DIVISION OF VITAL RECORDS, CERTIFICATION 0 prior 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be NO NO [710. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH nta Ö (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 MEDI 2 21d. INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 7 9 10. MARCH 17 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on Which 75, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. DEGREE 226 SIGNIATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MO Should be deto DIRECTOR PHYSICIAN PHYSIC IAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT LIBER INS 17035A 23a, BURIAL, CREMATION, REMOVAL 73b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) Arbutus. Arbutus Mem. Pk Md. Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 C. March F/H 1101 E. North Ave. (VR A 15 (4))

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	27 1897		Alreit	olo
		*	J. 8. A.	. eV
	And the sale			Politimore
1225 Filwood Avc.	77	3 % ()	Deltin	, fa
	Malinda	inrop	Rob	ridner
nson 1225 Fllwood Acc	in for a I t	d 00 E0-	16-1919 228-10	F. 8 7

		1.	FOR STATE REGISTRAR			DEPARTM	AENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. No		0661) 4
Poge 4 may be		3 SE	CEASED NAME OR PRINT)	ace 1 RA	Ger	trude	5. DATE O	F BIRTH DAY YEAR 190 190 190 190 190 190 190 19	- / /		UNDER I YEAR	UNDER SHES
rs after death. Pog by the funeral direction filed within 72 how	notified of once.	C	RTHPLACE (STATE OR FOODWIRY) Md ITY OR TOWN OF DEA	TH 11, 1	NAME OF H	FACILITY, GIVE STREET	WIDOWEI G HOME O	NEVER MARRIED TO DIVORCED TO ROTHER INSTITUTION NOR. CT	9. BALTIMORE CITY O 126 USUAL OCCUPATI 1TYPE OF WORK FOR MOSTO HOMEMAL	R COUNTY C	12b. KIND OF B	MD.
cuted within 24 hour completely filled in k s I and 2 should be fi	Iminer must be	14. FA	AL RESIDENCE IF NURS STATE Md . THER'S NAME FIRST	Harfo	rd	Fallsto	n	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS Char	les S		
s be executed	the medical exa	Ióa V	harles vas deceased ever (es, no or unknown) No	JIF YES, GIVE WAR C	ORCES?	Robins 166 SOCIAL SECUI 212-60-	0089	Alverta 17 INFORMANT Frances Mag	ADDRE		Co.	
jures that the death certitical signed by the ottending physien please remove corbon page obviol, cremation, or remayone.	jury, or other traumatic event,	z	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	AS CAUSED BY IMMEDIATE CAI which nediote g the lost	USE (0) OUE TO, OR (b) OUE TO, OR	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE		EI ANG DERIV
ion. b hos been it permit. Il	no ws any in	CERTIFICATION	19a DATE OF OPERAT		96 CONDIT		OPERATION	WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDINGS NG CAUSES OF	S USED DEATH?
G PHYSK IAN: II ottending physici er this certificate s the burial-transi ond Mental Hygi	ked ar Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CO LIFEITHER, NOTIFY MEDICA 21d. INJURY OCCURR WHILE AT WORK AT WO	AUSE OF DEATH ALEXAMINER) ED 2	P.A.	A. MONTH DA	Y YEAR 19 ARM, ETC.]	21c. HOW INJURY OCCURR 21f. LOCATION STREET	RED LENTER NATURE OF INJUI CITY OR TOV		T 1 OR PART 2)	STATE
the hospital or of the hospital or of the hospital or of the property of the although the property of the althought of the al	. If Hem 21 is mar		220.1 certify that (I) sow the decease above, (I) (we) to 22b. SIGNATURE	(this hospital) of	5-14	197	/	d that in (my) (our) opinion of			//	
OSPITA led by UNERA Id be de	PRTANT		22d. PHYSICIAN'S NA	ME (TYPE OPPRINT	17		\	PHYSICIAN 22 ADDRESS	DIRECTOR PHYSIC	Lie	RaOF	

BP_____ DHMH- 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR
NAME
M. G. Kurtz III

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

)K

23b. DATE

Jarrettsville, Md.

23c NAME OF CEMETERY OR CREMATORY

Jarrettsville

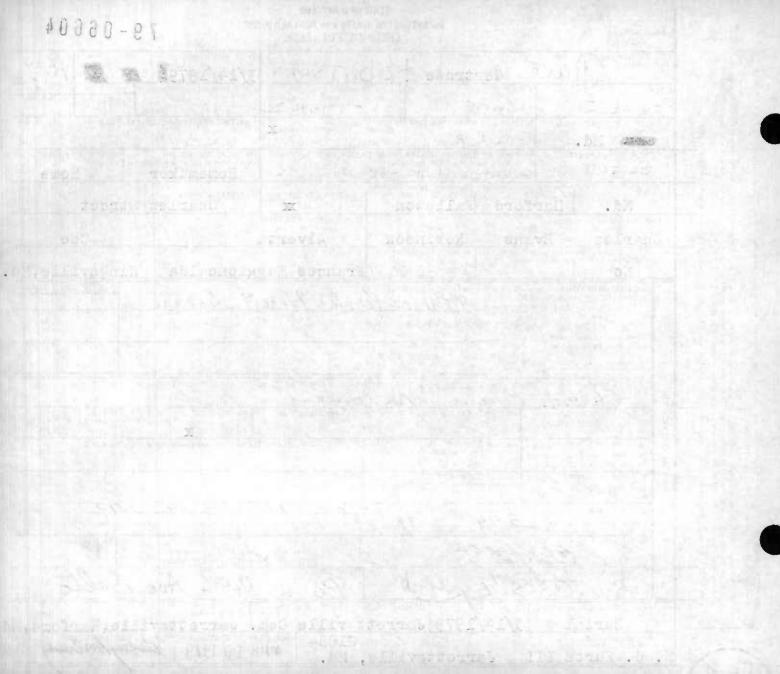
WAK 1 4 1979

Cem

23d. LOCATION CITY OR TOWN

registrar's signature

Jarrettsville. Harford. Md



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OCCOE

)		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	, 19	- 00	003	
		OR PRINT) TOLA	WIDDLE	ROB	14201	20. DATE OF DEATH	3 W	1979	26. HOUR	м
-	3 SEX	FEMOLE	1. RACE NEGRO	S. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HR	_
0	CC	RTHPLACE (STATE OR FOREIGN C.	16 CITIZEN OF WHAT COUNTRY	MARRIE		9 BALTIMORE CITY O	COUNTY O	FDEATH	٨	MD.
2	(CPLIME	11. NAME OF HOSPITAL, NURSI	P (TAX	OR OTHER INSTITUTION	120 USUAL OCCUPATH (TYPE OF WORK FOR MOST O		126. KIND O INDUSTRY	F BUSINESS C	R
5	1	MARYUMD 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO JINTY 12 CITY OR TOV	VN	YES WY NO	11-	Muen	r Ct.	212	17
00	H. FA	William	Tucker		Sarah	MIDDLE		LAS	† ÷	
	(Y	VAS DECEASED EVER IN U.S. AF res, no or unknown) (IF yes, giv	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 215-18-		17 INFORMANT Harry Rob	oinson 163	ss 81 Vin			
		PART I. DEATH WAS CAUSE	only one cause per line for (a), (b), at ED BY ATE CAUSE (a), HASC	JD	(Probable A	rute MJ	:)	BETWEEN C	MATE INTERVAL DNSET AND DEATI	Н
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU							
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	nal disease or cont	ITION GIVEN	IN PART 1(o	11	
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, VIN CERTIFYIN YES [NG CAUSES		
9	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE		AY YEAR	21c HOW INJURY OCCURRI	ED (ENTER HATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)		
	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.		211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE	
		saw the deceased plive ar above (1) (**********************************	oital) attended the deceased from, n	73_, 01	nd that in (my) (euc) opinion d	eath occurred on the do	te and hour a	nd from the o		ist
		- Ducho	700		PHYSICIAN V	MEDICAL STAF		3/1	W 79	}
1		ATTHUR M	LUERSUN M	0	3640 FO	los ume	BAN	s of	rus	
	23a. B	URIAL, CREMATION, REMOVAL	4. 4		Memorial Pk.	Baltimos	e Coü	inty.	Md .	

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR C. March F/H

FOR

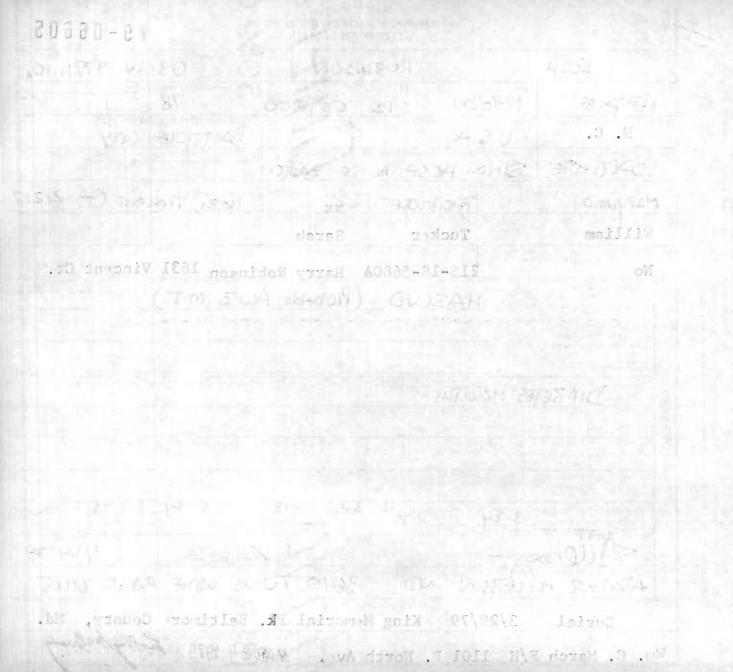
Burial

Memorial

E. North Ave

ADDRESS

1101



Baltimore, Md.21229

Purnell B. Oden/4101 Edmondson Ave.

- STATE

DHMH - 17 (VR A15 ME (5))

15M 7/76

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PM

NO [

STATE

Md.

DED A DESCRIPTION OF HEALTH AND MENTAL HACKING

	- STATE REGISTRAR	UEPAKI		ICATE OF DEATH	REG. NO.	9-066	001
	I DECEASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	Dr. Mauri	ice A.	R	OE	March 1	1 1979	7:07A M
	3 SEX	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
H	Male	White	Sep		82	YRS DATS	HOURS MIN
11	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	D M NEVER MARRIED	BALTIMORE CITY OR COL		
4	Kansas	USA	WIDOWE	DIVORCED	Baltimore Cit	ty	MD.
8	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	(ING LIFE) INDUSTRY	OF BUSINESS OR
2	Baltimore USUAL RESIDENCE (IF NURSING HOME O	Maryland Gener		spital	Physician	Med	lical
5	13a STATE 13b COU		VN	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 111 E. Cen	tre Stre	eet
	14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		
2	John	F. Roe		Cora	WIDDLE	Alexar	nder
1		RMED FORCES? 166 SOCIAL SECU		17 INFORMANT	ADDRESS		
	Yes WW	I & II 461-56.	-3202	Mrs. Mari	e E. Roe	Same	
	PARTI DE ATH WAS CALISE	inly one couse per line for (a), (b), or				APPRO: BETWEEN	XIMATE INTERVAL
	IMMEDIA	TE CAUSE O Arrhythmi	a			100	
	410-	DUE TO, OR AS A CONSEOU				- 4	
	Conditions, if any, which gave rise to immediate	(b) Acute Myo	cardia	al Infarction			
	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEOU	ENCE OF				
	PART, 2 OTHER SIGNIFICANT	conditions contributing to A-V Block, Secon	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	N GIVEN IN PART 1	(0)
4	≥ Left Bundle B	ranch Block With	Perma	ree A-V Block anent Pacemake	r (MODICZII),		
4	FIRST Degree . Left Bundle B. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FIND	
-	RII				YES NO	YES 🗌	NO 🗆
1		HOUR A.M. MONTH D		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 1B, PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION			
	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE

220.1 certify tho XX (this hospital) attended the deceased from saw the deceased alive on March 1 19. sow the deceased alive on March 1 obove, (Miwe) (did) (MMM) view the body after death 226 SIGNATURE

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (our) apinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED 3-1-79

SICIAN'S NAME (TYPE OR PRINT)

James R. Stone, M.D.

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

c/o Maryland General Hospital

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation 23b. DATE

Greenmount Sons Co.

21212

Februaru

DEGREE

23d. LOCATION CITY OR TOWN Baltimore

Md.

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR. retorned by the hospital

should be detoched with the State Dept.

MPORTANT: If It

Henry W. Jenn-Balto.. Jenkins & York Road

250. DATE REC'D. BY REGISTRAR 256.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-06608

9	-	REGISTRAR				CERTIF	ICATE OF I	DEATH		REG. NO	D. 1 3	, - 0	0 0	0	
		CEASED NAME	FIRST	٨	AIDDLE		AST		2a. DATE O	FDEATH	HTMOM	DAY	YEAR	26 HC	DUR P
			HENRY	WOO	DROW	RO	GERS				03	27	79	2:	DO'M
ij	3. SEX	<		4 RACE		S. DATE (YEAR	6 AGE (INY	EARS LAST BIRT	HDAY]	IF UNDER	DAYS	IF UNE	DER 24 HRS
		MALE	211	WHI	TE	04		14	1	64	YRS.		DAIS	1100k	Mark
		RTHPLACE (STATE O	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER	MARRIED []	9. BALTIMO	RE CITY O	R COUNT	TY OF DE	ATH		
5		RYLAND		U.S	S.A.	WIDOWE		VORCED [BAL'	TIMORI	E CIT	Y			MD.
ř	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL	OCCUPATION OF THE PROPERTY OF			KIND O USTRY	F BUSI	NESS OR
2	BA	LTIMORE			MARBOURN		NUE			FITTE			PER	& (0.
Ü		AL RESIDENCE (IF)	URSING HOME OF		GIVE RESIDENCE BEFORE		13d INSIDE C	ITY LIMITS?	13e. STREET	ADDRESS		Incar			
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ľ	14 FA	THER'S NAME	13601	MIDDLE	LAST	1930	15. MOTHER	S MAIDEN NAM	ME	MIDDLE			LAS	7	
0		JOHN		W.	ROGER	S	N	1ARTHA		0.000				KON	
		AS DECEASED EVES, NO OR UNKNOWN)		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMA	ANT		ADDRE	SS		, Plan		100
		NO			212-05-	2084	PATRIC	CIA L. 1	LEONAR.	D, 27	13 MA				
i		18 CAUSE OF DE	ATH (Enter on	ly one couse per	line for 101, (b) and				Tan s	b-bim		86	APPROXI	MATE IN ONSET A	ND DEATH
ú	133	PAKI I, DEAIR		E CAUSE (o)	Metoro	tolic	CAR	CINON	14-						
1		1991		DUE TO, OI	R AS A CONSEQUE	NCE OF									
		Conditions, if a	ony, which	(b)	THE PERSON		34035					-			
		couse (o), st		DUE TO, OI	R AS A CONSEQUE	NCE OF									
				((c)											
	z	PART 2 OTHER S	IGNIFICANT (CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	SE OR CONI	DITION G	IVEN IN P	ART I (o	> 1	
	CERTIFICATION	19a DATE OF OPE	PATION	LIAN CONIDI	TION FOR WHICH	OPERATIO	NI MAYAS DEDEC	PANED	20a AUTO	OPSY?	1205 IF Y	ES, WERE	FINDIN	JGS III	ED
7	FIC.	IN DATE OF OFE	.KATIOIN	170 CONDI	HON TOR WHICH	OFERATIO	IN WASTERIC	JKMED .			IN CERT	IFYING C		OF DE	ATH?
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1	0	OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTH DA			John Geedan	(Eliteria		, , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	MEDICAL	(IF EITHER, NOTIFY M		P.I		19	21f LOCATI	ON							
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		AT WORK		tol) ottended th	e deceosed from_	1/	10	19 79	r to	3	17	19.7	8	that (I	(we) lost
		sow the dec	eosed olive on	2/	19	25.0	nd that in (my	(our) opinion o	deoth occurre	ed on the do	ate and ha	our and fr	om the	couses	stoted
		226. SIGNATURE	e) (ala) (ala no	t) view the body	after death.		DEGREE					220	DATE	SIGNE	D
		Me	De 1	606	klillen			ATTENDING PHYSICIAN	MEDICAL	STAF		3	5/2	8/	29
		22d. PHYSICIAN'S	NAME TYPE O	R PRINT)			22e ADDRES	SS		A Lat			/	-	
			/	-											

OR ATTENDING PHYSICIAN: The

morked or Item 18

IMPORTANT: If Item 21 is

should be detached for use as the burinwith the State Dept. of Health and Men TO FUNERAL DIRECTOR:

DHMH - 16 50M 7/77 (VR A 15 (4))

MARVIN J. FELDMAN, M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

03-31-79

1114 ST.

PK,

23d. LOCATION ELKRIDGE

COUNTY HOWARD

STATE MD.

BURIAL 24 FUNERAL DIRECTOR

(SPECIFY)

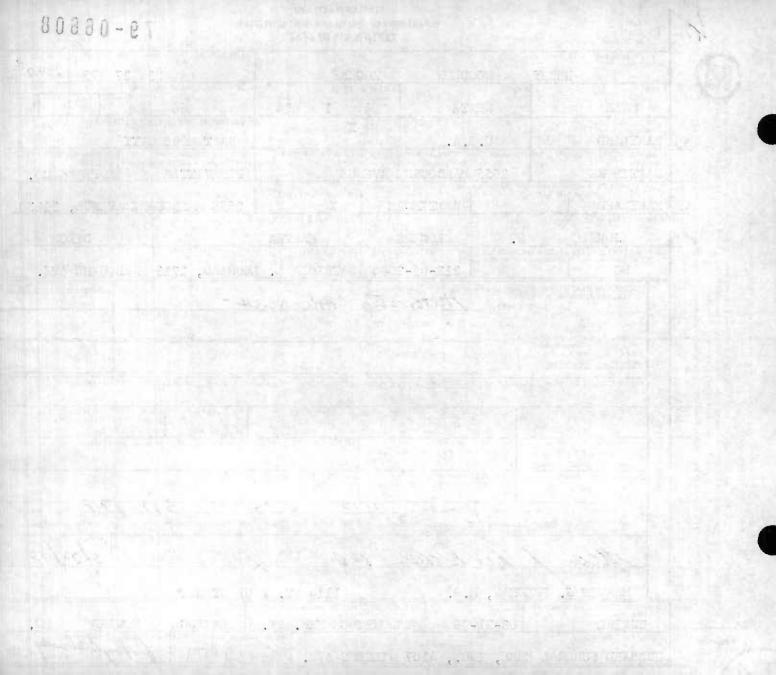
FOR

HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

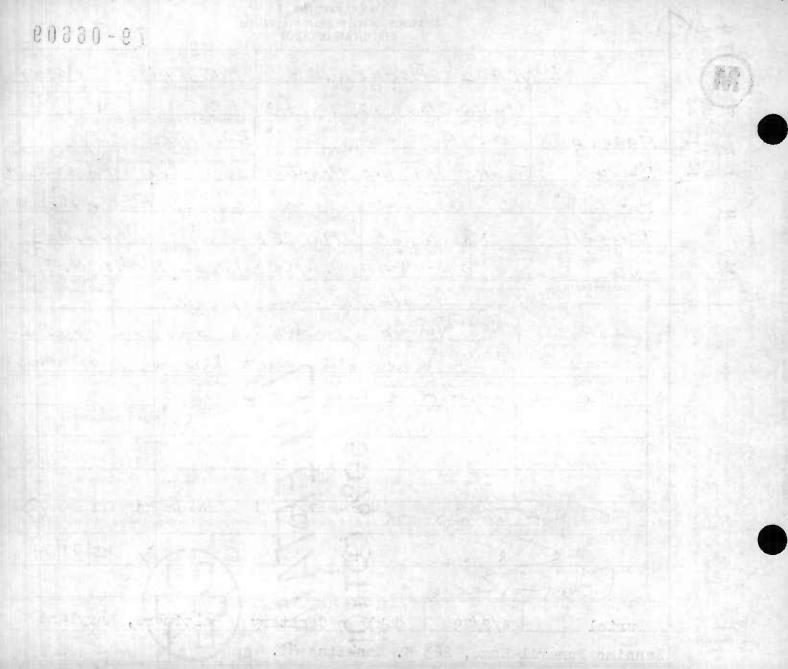
MEADOWRIDGE MEM.

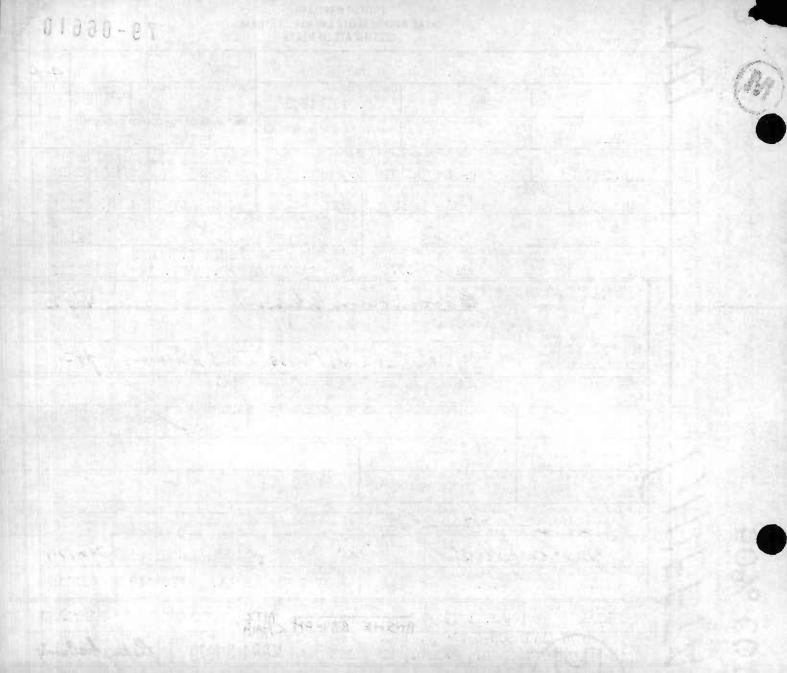
25a. DATE REC'D.

BY REGISTRAR 256, REGISTRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME MIODLE 20. DATE OF DEATH (TYPE OR PRINT) 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY IF UNDER I YEAR MONTH VEAR OAYS HOURS u caslan BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY) DIVORCED WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADORESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Md. ST. Moad PILAL ecretary complete willed in USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 134. CITY OR TOWN 13o. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS reenhe YES . NO & 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS W. PRESTON ST., BALTIMORE, 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0), DUE TO, OR AS AL DISEOUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED ğ IN CERTIFYING CAUSES OF DEATH? NO NO [Hygier 210. ACCIOPNT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 Me 21e PLACE OF INJURY 21f LOCATION 5 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK March 27 77s I certify that throps hospitality mered by deceased from. and that in (my) Cour Dopinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death At L. detoche. 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNER.
'd be det.
Stote D PHYSICIAN DIRECTOR PHYSICIAN [MPORTANT: 22d. PHYSTCIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the S 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore, Maryland (SPECIFY) CITY OR TOWN Oaklawn Cemeterv BP. Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 263 Conkling (VR A 15 (4)) Zannino Funeral Home,





62		1 -	FOR STATE REGISTRAR	INTH J	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		ENE REG. NO	79-	06611
by be	/	(TYPE		NTH I) R	ONQUE	ST		ARCH 10	YEAR 26. HOUR 9.56
oge 4 mc	R	3. SEX	FEMALE	4. RACE White	S DATE (36	6 AGE (IN YEARS LAST BIRTH	MONTHS YRS	RIYEAR IFUNDER 24 HRS DAYS HOURS MIN
deoth. P		Rem	RTHPLACE (STATE OR FOREIGN DUNTRY) mington, Va TY OR TOWN OF DEATH		MARRIE WIDOWE ITAL, NURSING HOME C		ED .	9 BALTIMORE CITY OF BALT I MOR 120 USUAL OCCUPATIO	E CITY	M KIND OF BUSINESS OF
21201 hours after d in by the	t be notifi	USUA 13a S	BALTIMORE LERESIDENCE (IF NURSING HOME TATE NATO COL	OR OTHER INSTITUTION, GIVE R	LITY GIVE STREET ADDRESS) ES HOSPITA RESIDENCE BEFORE ADMISSION) CITY OR TOWN	13d INSIDE CITY LI	MITS?	Clerk 13e STREET ADDRESS		artford, Ins
within 24 pletely filler	Smoermys	Ma		MIDDLE	LAST	YES NO	x	1942 Cedar	Lane	LAST
MORE, MA	2 dicol exp		AS DECEASED EVER IN U.S. A		Owens SOCIAL SECURITY NO.	Marga 17. INFORMANT		ADDRES	SS	ristian
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours for this certificate has been signed by the attending physician and completely filled in by as the burnol-transit permit. Then please remove carbonapopers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burnol, cremotion, or removal.	jury, or other troumatic event	N	PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A	A CONSEQUENCE OF	NOT RELATED TO T	HE TERMIN	Y Tailu	ive	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
VITAL RECORI IN The law ree system to be near transit permit. The	18 shows ony in	RTIFIC	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJ			1	200 AUTOPSY? YES NO TO GENTER NATURE OF INJURY	IN CERTIFYING (E FINDINGS USED CAUSES OF DEATH?
NG PHYSICIAN OF V offending phy fiter this certificals the burial-trans hand Mental It.	orked or Item 1	Z V	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	R) P.M. 21e PLACE OF IN	MONTH DAY YEAR 19 JURY CTORY, OFFICE FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	N COL	INTY STATE
L OR ATTEND the hospitol on the hospitol on the hospitol on the hospitol on the hospitol of Heolice of Dept. of Heolice	. If Rem 21 is mo	1	22a I certify that A) (this has sow the deceased allowed above A) (we) (did) (deceased 22b. SIGNATURE		, 19, or	DEGREE ATTEN	opinion de	medical Staff	22	that A (we) lo
O HOSPITA efoined by TO FUNERA should be de with the State with the State	MPORTANT	1	22d. PHYSICIAN'S NAME (TYPE	KW.	White	220 ADDRESS 900 S	0. C	ATON AVE	BALTO	MD 21229
pa g			URIAL, CREMATION, REMOVA	23b. DATE	23t. NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE

DHMH - 16 60M 1/75 (VR A 15 (4))

Burial 24 FUNERAL DIRECTOR Walter Dabrowski

1005 Dundalk Avenue

3/14/79

Mt.Hermon Cemetery 250. DATE REC

Belmont

Virginia

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January 1991 1991 January Day at

NGO DO, CETON AVE DOLLED NO 21220

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR - STATE	DEPAR		LTH AND MENTA			7 (0-06612)
	REGISTRAR	ANDDIE		ATE OF DEATH		REG. NO		3-00012	-
	CEASED NAME FIRST	1 1.000-	IAST	2.4.		ATE OF DEATH	AUT THOM	2b HOUR	
	Kaym				R.		3/K	17/13/1.20	PM
3. SE	MALE	4 RACE	5. DATE OF E	DAY YE	AR	GE (IN YEARS LAST BIRTH		HOURS DAYS HOURS M	_
70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8	03/19	07	LTIMORE CITY OF	COUNTY	FDFATH	-
1	tila, PA.	U.S.A	WIDOWED [Baltin	note	City.	MD.
	Ballmore ND	AL AON. A PAGE	rose be	other institution here.	I TYPE	USUAL OCCUPATION OF VOICE OF WORK IN THE PROPERTY OF		126. KIND OF BUSINESS INDUSTRY CONSTRUCT	OR TION
USU 13a.	STATE 136 COUN		WN 113	INSIDE CITY LIM		TREET ADDRESS			
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160.	WAS DECEASED EVER IN U.S. AR			INFORMANT	iel	ADDRES		inhausen	
(YES, NO OR UNKNOWN) (IF YES, GIVE	(E WAR OR DATES) 212 14	0/00		mond	Rose Sr	. san	ne as 13 e	
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for ion (b), o	nd (c).	mel	ine	Harw	il	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	ИН
		TE CAUSE (o)	C MARY	PERMIT		and the		1	
	410-	DUE TO, OR AS A CONSEQ			0 -	0		2 mon ly	1
	Conditions, if any, which gave rise to immediate	(b) aei	uc	myca	raia	e may an	ur_	6.1010	
	couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQ	UENCE OF	cuteur	nionsa	my my	aret	and It ad	33.
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO TH	E TERMINAL	DISEASE OR COND	ITION GIVEN	IN PART 1(0)	_
CERTIFICATION	19g. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION V	WAS PERFORMED	20	a AUTOPSY?		WERE FINDINGS USED	
TIFIC					YE	S NO	IN CERTIFYI	NG CAUSES OF DEATH?	
W.	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	TE HOW INJURY O	CCURRED (ENTER NATURE OF INJURY	IN ITEM 18, PAR	T 3 OR PART 2)	
EDICAL	OR CONTRIBUTING CAUSE OF DEA	Aut	19		F1375				11
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		If LOCATION STREET		CITY OR TOW	4	COUNTY STATE	
	AT WORK		3-24	10	79	3-8	4	79	
	saw the deceased alive on	ital) attended the deceased from	-769	, 17	pinion deoth	0	te and hour o	ond from the couses states	
	obove, (I) (we) (did) (did no	ot) view the body ofter death.		GREE				22c DATE SIGNED	_
	S. Pa	ith meineitha	w K	7. D ATTEND	ING ME	DICAL STAF	AN	3/24/7	g.
	Sivakolunthur	nathan Pathmo	rnathan!	South	Ball	imore 6	eneral	! Hospital	
23a.	BURIAŁ, CREMATION, REMOVAL			ETERY OR CREMA	-	d. LOCATION CITY OR TOWN		DUNTY STATE	
24.5	Burial	3/27/79 G:	Len Hay	ren Mem	FR	len Bur		A. Md.	
-	orge J. Gonc	e 4001 Ritchi	Balto Le Hgwy	21225	MAR 2	7 1979	frete	my halredy	
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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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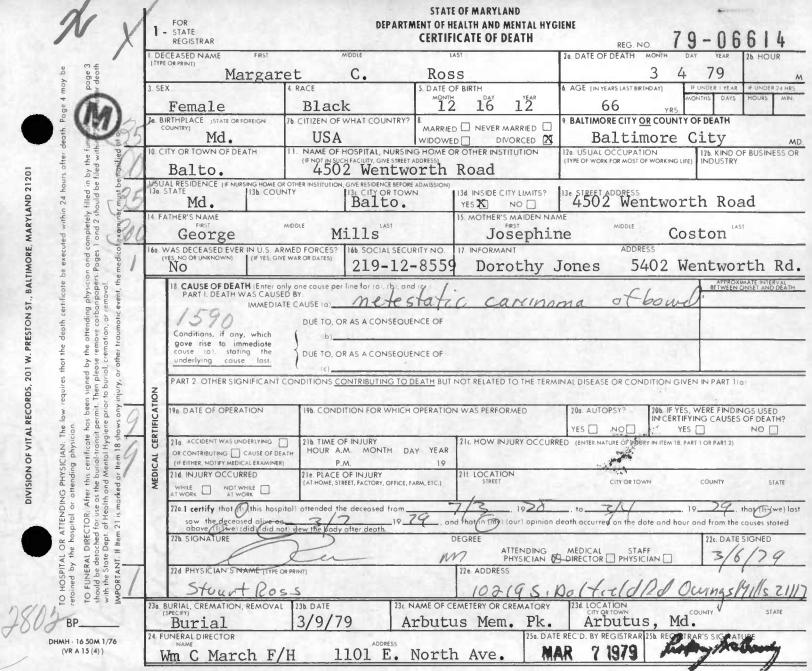
565 IF UNDER 1 YEAR IF UNDER THES DAYS MONTHS AA INI BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BUSE WIFE Wilson eaton Medical Center APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE that (I) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STATE 25 DATE REC'D. BY REGISTRAR 256 ALGISTRAR 24 FUNERAL DIRECTOR DHMH-16 20M MAK 4 9 (VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Medicare #2

2h HOUR



PART ! RAM

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) 10:50A M Walter ROTHSCHU March 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE S. DATE OF BIRTH 3 SEX IF UNDER I YEAR BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED T Baltimore City 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) REFOR MOST OF WORKING LIFE) INDUSTRY Baltimore Maryland General Hospital SUAL RESIDENCE (IF NUR DE COMPTE OF THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TO THE TOTAL OF TOWN 130 STATE 13d. INSIDE CITY LIMITS? NO 15 MOTHER S MAIDEN NAME 4 FATHER S NAME FIRST LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (1) Sepsis DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o CERTIFICATION Chronic Obstructive Pulmonary Disease, Cachexia 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV YES T NO F 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY the bud (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE [AT WORK 220 I certify that XX (this haspital) attended the deceased from March March 19 79 sow the deceased alive on March 6 and that in (our) opinion death occurred on the date and hour and from the causes stated obove (Mwe) (did) (de) (wiew the body ofter death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED 4 ATTENDING MEDICAL should be deto with the Stote I PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Edward Goldman, M.D. c/o Maryland General Hospital 23b, DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE COUNTY 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15 (4))

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH

MARCH 5, 1979

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City.

20 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY at Home

408 Croydon Road - 21212

unk

CEREBROVASCULAR ACCIDENT WITH RIGHT HEMIPLEGIA

ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

COUNTY

NO T

STATE

22c DATE SIGNED

CHURCH HOSPITAL CORPORATION

BROADWAY, EXEX BALTIMORE,

Mar. 8, 1979 Lorraine Park Cem. Baltimore, Maryland 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

- 21213 Henry Sander & Sons, Inc., Balto., Md.

(VR A 15 (4)) 9/74

DHMH - 16 25M

24 FUNERAL DIRECTOR

FOR

REGISTRAR

I. DECEASED NAME

- STATE

MAR

Tistom Malready

79-08616 10819to fraid, the triat. The distance are during the first of

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08	A Che	~		CEASED NAME FIRST BABY	MIDO BC			r TON	% DATE OF DEATH		79 1030 AM
- 1	THE STATE OF		3 SE	MALE	4 RACE		5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER MONTHS	DAYS HOURS MIN
	eath, Po neral det n 72 hou	1000	7a. B	OUNTRY USA	76 CITIZEN OF WH		8. MARRIED WIDOWEI	NEVER MARRIED A	9. BALTIMORE CITY O	R COUNTY OF DEA	MD.
10	rs ofter the by the tri	Notified (10 C	ITY OR TOWN OF DEATH		CILITY, GIVE STREET A		R OTHER INSTITUTION	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		KIND OF BUSINESS OR USTRY
ND 2120	filled in loould be f	must be	USU 13a	AL RESIDENCE (IF NURSING HOMEOI STATE 186 COUI	OTHER INSTITUTION, GIVINTY 130	E RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO NO	13e STREET ADDRESS		
MARYLAND	the P	exomine.	14 F/	ATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NA FIRST	WE		LAST
BALTIMORE, I	be execute on and cor	medicol 6		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN] [IF YES, GIV	RMED FORCES? 166	SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE	SS	
201 W. PRESTON ST.,	equires that the death certifical is signed by the attending phys. Then please remove carbonpos to buriol, cremotion, or remove	njury, or other troumatic event	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	ED BY: TE CAUSE (o) DUE TO, OR A! (b) DUE TO, OR A!	HYAL S A CONSEQUENT S A CONSEQUENT RIBUTING TO D	NCE OF NCE OF	NOT RELATED TO THE TERM	ninal disease or cone	DITION GIVEN IN P	ART l(a)
AL RECOI	he law re ion. thos been it permit.	Swor 9	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO
DIVISION OF VITAL RECORDS,	DING PHYSICIA or attending pl After this certifies on the buriol-tick	is marked or Item 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (I) (this hasp	HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREET,	MONTH DA INJURY FACTORY, OFFICE, FA		216 HOW INJURY OCCUR 216 LOCATION STREET	CITY OR TOW	vn coun	NTY STATE:, that (I) (we) lost
	HOSPITAL OR ined by the ho FUNERAL DIRE	PORTANT: If Item 21		sow the decessed of live or obave, (I) (we) (did) (did not represent the control of the control	ku ku	1)		22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	FIAN 222c.	. DATE SIGNED
0000	PP	W	23a	BURIAL, CREMATION, REMOVAL SPECIFY) Removal	23b. DATE 7 2/20/79		AME OF CI	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	O COUNTY	STATE
	DHMH - 16 50M 7/7 (VR A 15 (4))	77	24 F	UNERAL DIRECTOR NAME Anatomy Board	of Md.	ADDRESS Balto	., Mc	APR	ege 60.19 FEGISTRAR	MEMBERS MARS S	IGNATURE)

79-06616 the state of the cat o

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06620 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20 DATE OF DEATH MONTH (TYPE OR PRINT) ANNA March 30, 1979 RUPPERT 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR MONTH Female White Dec. 24 1903 70. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED DIVORCED | Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore N. Highland Ave. Housewife Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore 618 N. Highland Ave. YES X NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Patrick Jackson Anna MacLeevv 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) No Walter H. Ruppert, 618 N. Highland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse part 2. Other significant conditions <u>contributing to death</u> but not related to the terminal disease or condition given in part 1 (a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 ξ 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE 220.1 certify that (1) (this hospital) attended the deceased from. Morch sow the deceosed alive on. and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above (1) (we) (did) (did not) view the body ofter degith 22b. SIGNATURE DEGREE 22c. DATE SIGNED STAFF FUNERAL I Mar.31 1979 MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Dennis W. MacDonald, M.D. 9 S. Highland Ave. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE OUNTY CITY OR TOWN Apr. 2, 1979 Baltimore Burial Baltimore Md. 2'RUBERTICE. ALTENBURG FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/73 (VR A 15 (4)) 6009 Harford Rd., Balto., Md. 21214



- STATE

REGISTRAR DECEASED NAME STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR OAY5 HOURS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 126 KIND OF BUSINESS OR Balto. City Ret. Firefighter 5617 Gardenville Ave.

Duffv Grace Cefalu, 5617, Gardenville Ave.

ARTERITIS

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

COUNTY

22c. DATE/SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

conard J. Ruck Incodess, 5305 Herford, Rd 250. DATE REC'D. BY REGISTRAR 256. REG

COUNTY

STATE

STATE

DHMH - 16 60M 1/75 (VR A 15 (4))

E:0	5/4/79		DESCRIPTION PROPERTY	THO.
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to .as.Let tod	Harvey Gang	punina.	delair Convales	Baltinore
	Hynebusi (1944)		ov Sau	
12.0		entiment of	Liemon	adol.
	o, 5617, upstein			The last to

medical examiner must be natified at ance.

MPORTANT: If them 21 is marked at them 18 shaws any injury, at other traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 7						79	-066	22
	(TYPE	CEASED NAME FIRST AHNO	MIDDLE M.	R	uss 0	· m		1970	HOUR 932 M
	3. SEX	Female	whit.	S DATE O	19 09	6 AGE (IN YEARS LAST BIRTI	YRS.	ITHS DAYS HO	DURS MIN.
35	IVI	aryland	CITIZEN OF WHAT COUN	MARRIEI	D NEVER MARRIED L	9. BALTIMORE CITY O	n da	e d	ty MD.
12	10 CI	Baltimora	1. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE		Syerfal	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		126. KIND OF BI	USINESS OR
35	13a. S	AL RESIDENCE (IF NURSING HOME OR O ITATE 136 COUNT)	THER INSTITUTION, GIVE RESIDENCE Y 13c. CITY OR Balti	TOWN	138 INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS	E. a	iodis	un St
800		THER'S NAME	oole las	ī	15. MOTHER'S MAIDEN NAME FIRST Marion	WIOOFE		ŁAST	
	No.	VAS DECEASED EVER IN U.S. ARMI res, no or unknown) (IF Yes, Give w) —		SECURITY NO. 74-9315	Patricia H	420 Mead(dgt:		WOOD F	
	N	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS DUE TO, OR AS A CONS (c)	equence of		OCCEVCING		3 YV	rours
ス	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20e AUTOPSY? YES NO O		ERE FINDINGS	
9	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	19	211. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR		ORPART 2)	STATE
		22a. I certify that (I) (the hospital saw the deceased alive on sove, (I) (we) (did (did not))		-0	19.76 d that in (my) (our) opinion d	, to on the do	2 (19.		t (I) (we) lost ses stated
		22b. SIGNATURE SALALU 22d. PHYSICIAN'S NAME (TYPE OR P	K Lres	nneu	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAF	F IAN []	3/20	NED (0/79
1		Isadore	L 6.	smon	3409	Rosed	ale	Re	
	_ (surial, cremation, removal specify) urial	3/30/79		wn Cemetery	23d LOCATION CITY OR TOWN Baltime		UNTY	state Md.

DHMH-16 50M 7/77 (VR A 15 (4))

Schimunek Funeral Home, Inc.

3331 Brehms Lane Balto.Md. 21213

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH DECEASED NAME TYPE OR PRINT AGE (IN YEARS LAST BIRTHDAY 3 SEX HOURS MONTH YEAR 07 BALTIMORE CITY OR COUNTY OF DEATH STATE OF FOREIGN MARRIED KNEVER MARRIED 126 KINDIOFSUNTER OR Fire Dept. Retirec 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 15 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) Sarah Rumney, 5157 Frederick Ave. 21229 MOU BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Emboli Ear Massive Myo-Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PART 2 OTHER SIGNIFICANT CONDITIONS DIVISION OF VITAL RECORDS, CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 19 79, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. above, (1) (we) (did) (did not) view the body after death. 220 DATE SIGNED DEGREE 22h, SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL I 224 PHYSICIAN'S NAME (TYP 22e ADDRESS Battimore 231. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE Virginia Arlington, (SPECIFY Arlington Nat'l Cem. 3/23/79 Burial BP 24 FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md. 250. DATE REC'D. BY REGISTRAR 256 AEGISTRAR DHMH - 16 60M 1/75 Witzke Funeral Home of Catonsville, P.A. 21228 (VRA 15(4))

	STATE OF MARYLAND	
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	/ 1 - 1
1 DECEASED NAME (TYPE OR PRINT)	RBERT CLARK FYOUR	20. DATE OF DEATH MONTH TOAY YEAR 26 HOUR.
1 SEX M	RACE COLE S. DATE OF BIRTH MONTH / DAY /4	A AGE PHYTEARS LAST BETT-OWN WUNCHES DAYS HOURS /
To BIRTHPLACE ISTURDANCE COUNTRY	MARRIED NEVER MARRIED WIDOWED DINORCE	8 3 7 2
Sal wor	University Hospital	ION 178 USUAL OCCUPATION (1796 OF YOUR HOR HOST OF WORKING CITE) INDUSTRY HOUSE Para
The second secon	VICOMICO WAR HEIGHT BY ON TOWN IN MESTE CITY LIA	
TELLAY	Gark Ryau Is MOTHER'S MAIL	Path MATSON.
166 WAS DECEASED EVER IN 1785 NO DE UNENDWHILE	PYES GIVE WAS OR DATES) ALS-07-3626 MYS Elva	Ruall, Willards Md.
	Enter only one course por line for 101 to and it. CAUSED BY MEDIATE CAUSE III. MUOCAUS CAUSE WILL	aict histop 8 hrs.
Conditions, if any,		Pouseoic
	the DUE TO, OR AS A CONSEQUENCE OF LIGHT	Eny bypass
Course of stating underlying course PART 2 OTHER SIGNI	ICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO TH	HE TERMINAL DISPASE OR CONDITION GIVEN IN PART 1101
NO N	19 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO
	SE OF DEATH HOUR A.M. MONTH DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
OR CONTRIBUTING CA	216. PLACE OF INJURY 216. LOCATION	CAT ON TOWN COUNTY STAT
22a.1 certify that (1) (1) sow the deceased	is hospitation ended the deceased from 19 and that is (my) (aux)	opinion death occurred on the/date and hour and from the causes state
Obove, (In (we) did	DEGREE ATTENT PHYSIC	IDINGMEDICALSTAFF
22d. PHYSICIAN'S NAM		Cheeve ST. Bacilion
230. BURIAL, CREMATION, R	MOVAL 236. DATE 236 NAME OF CEMETERY OR CREMA 3/30/79 St Andrews	ATORY 23d LOCATION PRINCESS Anne Sounty STATE STATE
6 24 FONERAL DIRECTOR		250 DATEREC D BY REGIST OAR 256. REGISTRADES SUSTAINED BY

15M 7/76

STATE OF MARYLAND

35330-0

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06627

1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 81 YRS **BALTIMORE CITY OR COUNTY OF DEATH** BALTIMORE CITY 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AT HOME 204 #21215 RABINSKI JEROME SAFFRON 14250 S.W. 62nd ST. APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)

20h, IF YES, WERE FINDINGS USED

YES T NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

that (1) (we) lost

27L DATE S

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REDISTRAR'S SIGNATURE

COUNTY

COUNTY

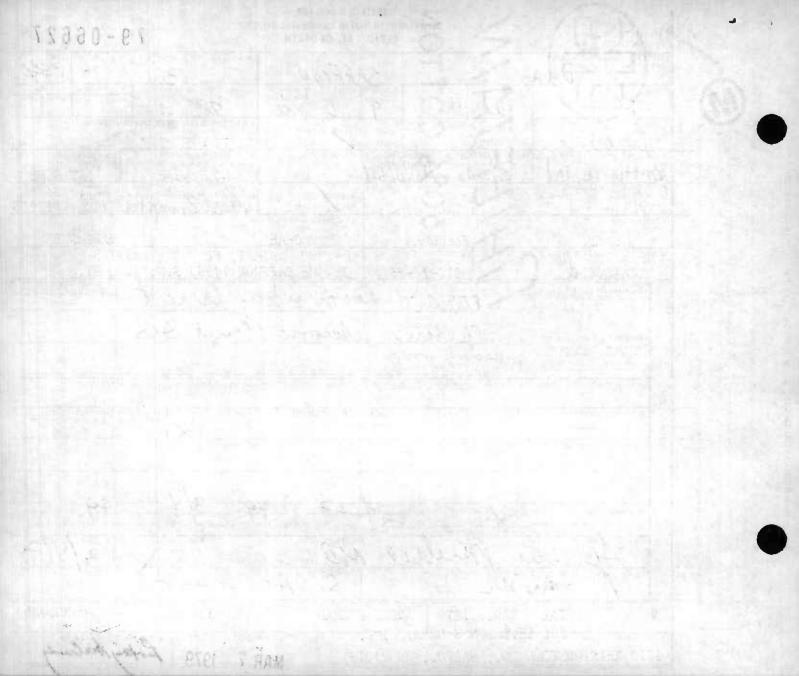
STATE

MARYLAND

6010 REISTERSTOWN RD., BALTO., MD 21215

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR



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STATE OF MARYLAND

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35 CH 11 BOLD

V. V.

TITLE T

Rucker Mertin

Buriel 3/ 22/79 Westviry Mrn. Pt. Catenoville, Md.

with. C. Herch E/H 1101 F. North Ave. was 1979 Letty holder

Baltimore : - 12710 W. Beltimore &t.

Marche Jefferson 2110 Tucker La.

STATE OF MARYLAND

Ealyna

3/20/70 Arbitur dec. Om. Arbitur

and the second in the contraction

Wm. C. Merch Bunerel ? D. Morth Ave.

1	1			STAT	E OF MARYLAND		
	1.	FOR STATE			HEALTH AND MENTAL HYGI	IENE	79-06631
BAI.		REGISTRAR			FICATE OF DEATH	REG. NO.	
		CEASED NAME FIR	. 1	MIDDLE	MAN OR I A	20 DATE OF DEATH MON	TH DAY YEAR 26 HOUR
	3. SE.	150	4 RACE	T DATE	OF BIRTH	AGE IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 MRS
7 1	3. 36.	nak	T RACE	MON	H DAY YEAR	1 1	MONTHS DAYS HOURS MIN.
0	7a. BI	RTHPLACE (STATE OR FOREIG	N 75 CITIZEN OF	WHAT COUNTRY? 8	0211	9 BALTIMORE CITY OR C	OUNTY OF DEATH
8/		W - Va -	(1	S.A. MARRIE		Zaltar	City MD
Z	100	TY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSING HOME		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
\$72	1 +	Salto.	1 UWW	us 4 State	Nosatel	(TYPE O WORK FOR MOST OF WO	Sales Johnnys
10	USU Ta	AL RESIDENCE (PROPERTY	COUNTY	GIVE RESIDENCE BEFORE ADMISSION	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	
IJ,	1	Md.	Balto.	Balto.	YES NO X	7331 Kirtl	ey Rd.
02	14. FA	THER'S NAME	WIDDLE	CLAST	IS MOTHER'S MAIDEN NAM	MIDDLE	ed AST
800	III.	Yames VAS DECEASED EVER IN U	S ARMED EORCESS	Jandridge 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	Werner
9 5			ES GIVE WAR OR DATES)	21/1 26 0620		e M. Sandrida	e 7331 Kirtley Rd.
0	=		W.W.11	217-20-7027	ins. (stelle	z ris Sanwang	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
event, th		18 CAUSE OF DEATH E	CAUSED BY	HEPATIC Faile	06		BETWEEN ONSET AND DEATH
ofic event,	197	5728 1	AEDIATE CAUSE (o)	R AS A CONSEQUENCE OF			
omno		Conditions, if ony, wh		R AS A CONSEQUENCE OF			
ertr	13	gove rise to immedia	ote	R AS A CONSEQUENCE OF			
010		underlying cause lo	ost (c)				
	z	00	0 -	2 11	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART 1(0)
-	CATION	SOMTANCOS 190 DATE OF OPERATION	BALTERIA	TION FOR WHICH OPERATION	Myelot brusis	20a AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
9	FE	THE DATE OF GREATION	170 COLLD	THOM TOR WITHEIT OF ERRAIN	STATE ON THE	YES NON	CERTIFYING CAUSES OF DEATH?
1	CERTIFIE	21a. ACCIDENT WAS UNDERLY			21c. HOW INJURY OCCURR		
lem 10	/	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OFDEATH	M. MONTH DAY YEAR M. 19			
	MEDICAL	21d INJURY OCCURRED	21e PLACE		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
morked	\$	AT WORK AT WORK		REEL, PACIONI, OFFICE, PARM, ETC.)			
2	1	22 certify that (I) (this	hospital) attended th	ne deceased from MARC		_, wmarch 2	, the time (ii) (no hos
=	1/	obove, (l) (we) (did) (live on MARCH did not) view the body	ofter death.		death occurred on the date of	and hour and from the causes stated
If Item	/	DE SIGNATURE	1 (41)(1) 04 1	1 000	DEGREE ATTENDING _	MEDICAL STAFF	270. DATE SIGNED
MPORTANT:	+	22d. PHYSICIAN'S NAME	N ON ICHIVO	th WO	PHYSICIAN	DIRECTOR PHYSICIAN	X 1/21/11
DRTA		^	iron A.A	1	ELC. ADDICESS		
with the Stote Dept. o	23e	BURIAL, CREMATION, REM		23r NAME OF	CEMETERY OR CREMATORY	123d, LOCATION	
	250.	SPECIFY) BLE AL	Entombment	1. 2.00	lens of Faith	em. Balto.	Balto. Md.
1/76	24 F	UNERAL DIRECTOR	Tuononen	ADDRESS 3	250. DATE	REC'D. BY REGISTRAR 256.	RECISTRAR'S SIGNATURE
	12	(MillaRS	tuneral 7	toms - BEL	AIR Koad AP	R2 1979	

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STATE OF MARYLAND

ADDRESS Balto 21225

George J. Gonce 4001 Ritchie Hgwv

FOR

REGISTRAR

- STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-06634

STATE

Md.

FOR

STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-06635

		REG. NO.					
MIDDLE L.	AST	20 DATE OF DEATH MONTH D	18.11008				
W. Sche	eminant	MARCH 1	4 1979 8 AM				
			FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN				
		81 years YRS.	ONTHS DATS HOURS MIN				
WHAT COUNTRY?	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH				
S.A. WIDOWE		BALTIMORE CI	TY MD.				
	ROTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR				
	TAL	Foreman	B & O RR				
N, GIVE RESIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS					
Baltimore	YESXXX NO [Road 21230				
LAST	15 MOTHER'S MAIDEN NAM		LAST				
Scheminant	Francis	Miles	Childres				
166 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS 212	30				
705-12-3914	Mrs. Amanda	E. Endley, 2222	Annapolis Rd.				
er line for Jal, (b), and (c).	/		BETWEEN ONSET AND DEATH				
Agreeral &	edesobloste	s Acrone					
couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
	The restriction of the restriction	/	TT ITT INC.				
DITION FOR WHICH OPERATION	N WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED (ING CAUSES OF DEATH? NO [
	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)				
OF INJURY	211. LOCATION	CITY ON TOWN	COUNTY STATE				
TREET, PACTORT, OFFICE, PARM. ETC.)	1	CIT OK IOWI	COUNTY				
220 y certify that (I) (this hospital) ottended the degeosed from 3/0, 19.79, to 3/4, 19.79, that (I) (we) last							
3//7 19 79 on	d that in (my) (our) apinion d	leath occurred on the date and hour	and from the causes stated				
			22c. DATE SIGNED				
	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/14/79				
	22e ADDRESS						
10HLER JR	900 Ox	ATON AVE	21220				
23(NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE				
/79 Loudon	Park Cemetery	Baltimore City	. Maryland				
ADDRESS Balto.,	Md . 21229 DATE	REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE				
Ind /107 Wi	Thong Ave MA	ID 1 6 1070	Em Beel and				
	W. Sche S. DATE COMONITY F. WHAT COUNTRY? S. A. MARRIET WIDOWE F. HOSPITAL, NURSING HOME COUCH FACILITY, GIVE STREET ADDRESS) T. AGNES HOSP I NI, GIVE RESIDENCE BEFORE ADMISSION) 133. CITY OR TOWN Baltimore Scheminant T. 188 SOCIAL SECURITY NO 705-12-3914 er line for 101, (b), and 101 OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT DITION FOR WHICH OPERATION OF INJURY A.M. MONTH DAY YEAR P.M. 19 E OF INJURY A.M. MONTH DAY A.M. MONTH D	Scheminant S. DATE OF BIRTH	W. Scheminant S. DATE OF BIRTH MOOTH OCT. 6, 1897 STEEL AST BRITHDAY MOOTH OCT. 6, 1897 STEEL ADDRESS S. A. WILDING HOME OF COUNTY S. A. WILDING HOME OR OTHER INSTITUTION ITS USUAL OCCUPATION ITS USUAL				

DHMH-16 20M (VRA 15, 4) 7/78

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6010 REISTERSTOWN RD., BALTO., MD 21215

- STATE

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	1 -	FOR STATE REGISTRAR	DEPAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 79-06637					
i		CEASED NAME FIRST OR PRINT)	LiP	SCH	ULTHEIS		03 04	79 6	. 15 M
	_	Male M	4 RACE White	S. DATE OF	BIRTH DAY YEAR 12 1907	6. AGE (IN YEARS LAST BIRTI	MONTH YRS.	IS DAYS HO	INDER 24 HRS
4	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	U.S.A	MARRIED WIDOWED		5-00	more	alta	, MD.
100		Ballimore	300.00	HOLE G	J. 1 1 2 2 . T.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		B. KIND OF BUILDUSTRY Bar Own	
3	13a S	MD Bala		Sdown	YES 🗹 NO 🙀	13e. STREET ADDRESS 48 Carl	ing a	ncle	
2/		Goerge	701110	HEIS	S MOTHER'S MAIDEN NAM FIRST Mary	MIDDLE	1	lilel	
2	160 W	VAS DECEASED EVER IN U.S. AR es, no or unknown) (14 yes, gyi NO n/0	EWAR OR DATES) 9.19-07	7-7645	Fima Schu	1 their fe)	Landido	arling un hy APPROXIMATE BETWEEN ONSE	Cycle 21227
	NO	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost	DUE TO, OR AS A CONSEQ (b) A ROULD DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	DUENCE OF	ic Vasu	lan Disease or conc	ane DITION GIVEN IN		
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WE IN CERTIFYING YES	CAUSES OF	USED DEATH?
3		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 C	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		OF LOCATION STREET	CITY OR TOW	'N C	DUNTY	STATE
		saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	ital) attended the deceased from 03-04-19 It) view the body after death.	79, and	9 7 , 19 7 9 that in (my) (aur) apinion d GREE ATTENDING PHYSICIAN	MEDICAL STAF	ate and hour and		
/		22d. PHYSICIAN'S NAME TYPE O	ORPRINT)		South B	altimere	Gene	ral Co	orpital
	{:	SURIAL, CREMATION, REMOVAL SPECIFY) Durial UNERAL DIRECTOR			METERY OR CREMATORY ark (emetery) 1250, DATE	23d. LOCATION CITY OR TOWN Baltime REC'D, BY REGISTRAR	coun	land	STATE
		NAME	8 Sulphua Sagin	0 80 2	1227 MAR	6 1979	attend of the	1 & Cready	1. 1

DHMH - 16 50M 7/77 (VR A 15 (4))

Ambrose Inc. 1328 Sulphur Spring Rd. 21227

BP.

79-06637			
5 8 87 PC E0			
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D. L. Brauffill			
19 min		11,29 90 A ME	
Para Para 1			7 -
70/76	W.Z.	N. C.	BURLAND Mark to
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	THE BOYLES		
		No. 19	
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Halfimone Interfand	landon late see see	Ç	. Unried
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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-06638

REGISTRAR		CERTI	FICALE OF DEATH	REG NO	1 2 000	
I DECEASED NAME FIRST		WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEA	R 26 HOUR
JOSEF	PHINE	ElizabethHU.	Schultz	MARCH 3	1979	4:30 AM
3 SEX	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 Y	FAR FUNDER 24 HRS
Female	White	Jur	ne 2, 1912	66	YRS MONTHS D	AYS HOURS MIN
76 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	Н
Maryland	USA	WIDOW		BALTIMORE	CITY	MD.
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATI		D OF BUSINESS OR
BALTIMORE		ID GENERAL HOS	SPITAL	Housewife		memaker
	e or other institution DUNTY Atimore	GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS? YES (** NO [13e STREET ADDRESS 2234 Cedle	ey Street	
14 FATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NA.	ME		LAST
Maynard B	rensen	Stallings	Agnes	3		ress
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	2234 Cedle	ey St.
No		234-36-6401	Norman Schul	ltz Balt:	imere, Md.	21213
18 CAUSE OF DEATH Enter	r only one couse per	line for 10 , (b , and c			APP BET.W	PROXIMATE INTERVAL
Conditions, if any, which gave rise to immediate couse to storing the underlying couse lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	DUE TO, O (c) VT CONDITIONS CO	R AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BU ITION FOR WHICH OPERATION	T NOT RELATED TO THE TERM ON WAS PERFORMED	INAL DISEASE OR CONI	DITION GIVEN IN PAR 20b. IF YES, WERE FIN 11N CERTIFYING CAU	NDINGS USED
RI				YES NO	YES 🗀	NO 🗌
	DEATH HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 3 OR PART	7 2)
OK CON INBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	NN COUNTY	STATE
22a.1 certify that (f) (this ha	ospital) ottended th	e deceased from <u>JANII</u>	RY 28 19 79	to MARCH 3	19.70	, thatXI) (we) lost
saw the deceased plive obove, (IMwe) (did) (dM	on MARCH 3	19 79 , c	and that in (My) (our) opinion	death occurred on the do	ate and hour and from	the causes stated
226 SIGNATURE	Nolan	en MD.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAR	F 3	ATE SIGNED
220 PETSICIAN'S NAME (TY	PE OR PRINT)		22e ADDRESS		1	1
EDWARD GOLD	MAN M.	D.	c/o MARYLANI	D GENERAL HO	OSPITAL	
230 BURIAL, CREMATION, REMOV	AL 23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
Burial	3/6/79	Farivi	Lew Cemetery	Belivar		on, W. Va.

DHMH - 16 60M 1/75 (VR A 15 (4))

OR ATTENDING PHYSICIAN: The

retoined by the hospitol or

TO FUNERAL DIRECTOR: After this certificate has b should be detached for use as the burial-transit perm with the State Dept. of Health and Mental Hygiene pr

IMPORTANT: If them 21 is

Burial 3/6/79 Fariview Cemeter
PARTITION OF THE PROPERTY OF TH

Belivar, 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Was a little and the state of the second terms Serale Shifts Shifts 1912 THE RESERVE OF THE PROPERTY OF NI. Seltingre Unitingre x 223h Sediey Street Tayand Decision Stabilizate Cadaga Cadaga St. Col-36-86 - Hereen Menults - Paltimore, W. 21973

Tareful 3/6/79 Exertylew Sametery and the Edward Waller and Market Sametery

And the state of t

DHMH - 16 50M 7/77 (VR A 15 (4))

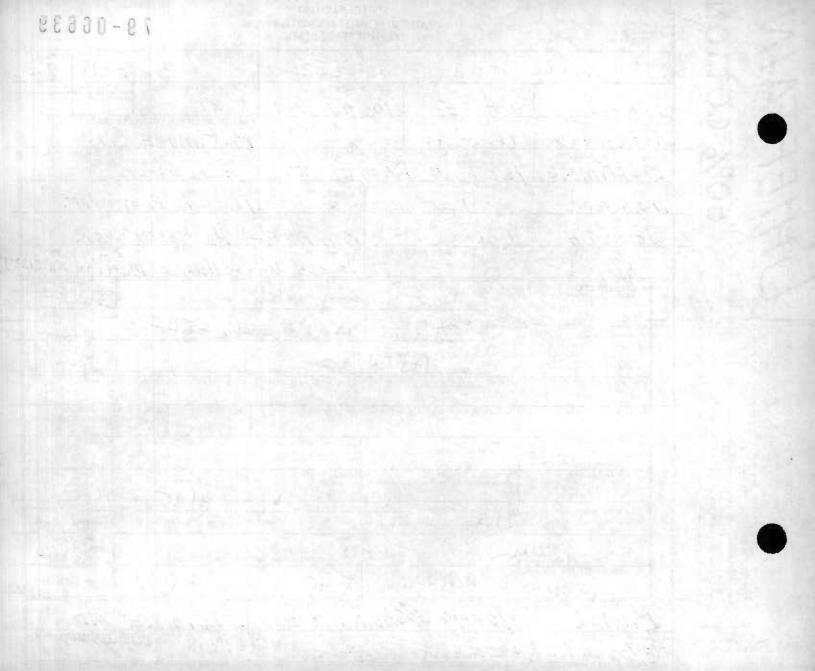
FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-06639

		REGISTRAR	The same of the sa		44			REG.	VO.			
		CEASED NAME FIRST OR PRINT) MARGARE		DDLE	Pal	LIII T	3	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOL	JR /
	3 SEX		1 RACE	4.	5. DATE C	TU LI	-	6. AGE (IN YEARS LAST B	O ~	IF UNDER I YEAR	- 4	A M
	F	EMALE	11) H:	TF	MONTH		1899	81	YRS.	MONTHS DAYS		MIN
	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	04		9. BALTIMORE CITY		TY OF DEATH		_
35	n	DARYLAND	4.5	S.A.	WIDOWE	D NEVER	NORCED	BAKTIM	DRE	(174		MD.
	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HO	OSPITAL, NURSII		R OTHER INS		120. USUAL OCCUPA		126. KIND (
0	L	PAKTIMORE	1609	W	PRA	TT .	ST		MAKE			
	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, G	13 GITY OR TOV	VN			13e, STREET ADDRESS	00	ATT OF		
S	14. FA	THER'S NAME	,	DAL11	nore	YES NOTHER	S MAIDEN NAM	160910	PRI	9// 3	//	
20	V		WOOLE WORK	LAST		BAG	FIRST BARA	A HASS	FLBI	ERGEX	51	
1		VAS DECEASED EVER IN U.S. AR.	MED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INEORM	ANT	ADD	RESS	1029	0-	
1		NO				JOSE	DH W:	SCHULT	ZD	MUNTON		2175,
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly one cause per li D BY:	ne for (a), (b) ar	90.	144.4	on bolo			BE LWEEN	ONSET AND	DEATH
		IMMEDIAT	E CAUSE (a)	Mark	y uni	pode	20-100-0			-3 (Nz	~5	
		7272	DUE TO, OR	AS APPINSEOU		Por	0.0	no +C	45	4.		
		Conditions, if any, which gove rise to immediate	(b)			Cole	1000			Te	-	
		cause (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQU	ENCED!	0=				We.	un	
		PART 2. OTHER SIGNIFICANT O	ONDITIONS COM	NTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERMIN	NAL DISEASE OR CO	NDITION G	IVEN IN PART 1	(a)	
	NO											
0	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERF	DRMED	20a AUTOPSY?	20b. IF Y	ES, WERE FIND	NGS USE	D D
7	RTIF			3.124				YES NO	,	YES 🗌	NO [
9		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF TH HOUR A.M	INJURY I. MONTH D	AY YEAR	21c HOW II	NJURY OCCURRE	D (ENTER NATURE OF IN.	URY IN ITEM 18	, PART 1 OR PART 2)		
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M		19	AND LOCATE	ON					1000
	MEC	21d. INJURY OCCURRED	21e. PLACE O (AT HOME, STREE	ET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCAT	-	CITY OR TO	NWN	COUNTY	ST	TATE
		AT WORK	D		15	13	78	3		75		
		220.1 certify that (I) (this hasping saw the deceased alive an	315	19	15	d that in (my) (our) apinion de	eath occurred on the	date and he	our and from the	that (1) (s	
		abave, (1) (we) (did) (did na 22b. SIGNATURE	i view the body a	fter death.		DEGREE					SIGNED	
	43	or win	un		+	10)	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	3	nho	3
1		22d PHYSICIAN'S NAME (TYPE OF	R PRINT)	67110	215	22e. ADDRE			0 4 1	00	D. a. A.	
		MANCELIA	v + "	nisua	(ANK	834	(Fint	munnon	XIV	NAJA!	100/1	1122
	23a. 8	BURIAL, CREMATION, REMOVAL	23b. DAJE	1-0 234	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION City or Jown		COUNTY	SI	ATE
	1	DURIAL	13/28/	179 6	17/10.	NATI	(EM)	124511	MIRL	- 114	1	
	KEL	ANAME NAME	VARTA	ADDRESS "	2,5	25	250 DAJE	8°2°8°1979°^	R 25b. RE	174/19	Desci	1
	11)1	7///CN-1 h, /	17 6.1. OK	06001	FL.	JOT S	//	1010		/	-	



		FOR STATE REGISTRAR		MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	9-06640
		CEASED NAME FIRST	rie G. Schultz		AST	120. DATE OF DEATH MONTH Mar. 9, 1979	DAY YEAR 26 HOUR 4:50
	3. SE	Female	4 RACE White	S. DATE C	23-1907 YEAR	6, AGE (IN YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS HOURS A
35	C	Balto. M.	16 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	Baltimore (
00	10. CI	Baltimore	11. NAME OF HOSPITAL, NURSI (#4225 Seidel #			120 USUAL OCCUPATION STYPE OF WORK FOR MOST OF WORKING WALTERS	126. KIND OF BUSINESS INDUSTRY
35	USU.	AL RESIDENCE (IF NURSING HOME OF TATAL)	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY 130 CITY OR JOY Batting	RE ADMISSION) NN DRE	13d INSIDE CITY LIMITS? YES A NO	13e. STREET ADDRESS 4225 Seidel	Ave21206
300	14 FA	THER'S NAME FIRSTON Kram	MIDDLE LAST		15. MOTHER'S MAIDEN NA FIRST Jen	WE	LAST
	16a. V	AS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SEC 216-16		Mr. Robert	7. Schultz - 422	2120 25 SEidel Ave.
	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	heiste	eure C.V.	AINAL DISEASE OR CONDITION G	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO		YES NO NO	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
9	MEDICAL CE		P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	19 FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	STATI
-		226. SIGNATURE 224. PHYSICIAN'S NAME (1498	CRPRINT) OR PRINT) OR PRINT)	- ,	DEGREE ATTENDING PHYSICIAN 1	MEDICAL STAFF DIRECTOR PHYSICIAN	3/9/7
	230 (BURIAL, CREMATION, REMOVA SPECIFY) Burial	236. DATE 236.	name of colly	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN Middle River	STATE STATE
	(SURIAL, CREMATION, REMOVA SPECIFY Burial LINERAL DIRECTOR	DARAMANDA L 23b. DATE 23c,	NAME OF C	22e ADDRESS 680/ EMETERY OR CREMATORY HILL (em. 125e. DA)	13 clair Ril 23d. LOCATION CITY OR TOWN Middle River	

BALTO. MD 21215

6010 REISTERSTOWN RD

		1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES COTT N 1 05 30 26 REG. NO		43
,		1 DE	CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	AONTH DAY YEAR	26 HOUR
	ay be age 3 death	,,,,,,	WILLI	AM	SCOTT	MARCH 5,	1979	1:22Am
	ge 4 may	3 SE	m.	NEGRO	5 DATE OF BIRTH MONTH S PAY YEAR 28	6. AGE (IN YEARS LAST BIRTH	DAY FUNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS AIN.
	eoth. Po		RTHPLACE (STATE OR FOREIGN)	b CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		RE CITY	MD.
-	s offer d by the lifed with	10. ⊂	BALTO"	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFET INDUSTRY	F BUSINESS OR
MARYLAND 2120	within 24 hour	130. 5	AL RESIDENCE (IF NURSING HOME OR OR ITATE 136 COUNTY) THER'S NAME	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION 13d. INSIDE CITY LIMITS? YES NO	130, STREET ADDRESS	Enger ST	ī
BALTIMORE, A	e execution and care Poges 1	160. V	VAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL SECTION OF COLORS	110 0 10	1011 3211	ELMERA	AVE
PRESTON ST., BALI	the death certificate be the othending physicial remove corbangapers, emotion, or remayal.		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), or BY: CAUSE (a) DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU	lie impilance ENCE OF Failure		BETWEEN	MATE INTERVAL INSET AND DEATH
RECORDS, 201 W.	tow requires that it is speen signed by the rimit. Then please prior to burial, cre	CERTIFICATION	underlying couse lost	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	1710N GIVEN IN PART 110 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS USED
	SICIAN: The ing physician. certificate hairal-transit pental Hygiene ental Hygiene litem 18 shaws		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	YES NO	YES 🗌	NO []
DIVISION OF VITAL	Hendir Hendir The bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	21f. LOCATION	CITY OR TOWN	COUNTY	STATE
	ATTENDI spital or CTOR: A storuse . af Heali		saw the deceased alive an above, (1) (we) (did) (did not	ot) ottended the deceosed from 3/5 19	79, and that in (my) (aur) apinion	death occurred on the dat	te and hour and from the	
	by the has by the has ERAL DIREC e detached State Dept.		22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR	26	DEGREE ATTENDING PHYSICIAN (220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA		SIGNED 1/29
	TO HOSPITAL (retained by the TO FUNERAL (should be detained the State [MPORTANT; If	225	M. L	. Elles	//	1/6 pkins		
100	FBP	(BULLAL JNERAL DIRECTOR	3/10/79	MT. CALVARY	PITY OR TOWN	ONLY MA	ANTE DE LA STATE
	DHMH - 16 50M 7/77 (VR A 15 (4))	4	OCKS FUNER	AL HOME BORES	04/2 Carbal A-MA	R 8 1979	fistragnet	resoly

64000-0 Wedge 22 88 25 98 A ASPARA THE THE THE PERSON THE TOTAL STAFF md x Februs & 1937 E Emet St THORRS SETT NOVEKED STOKES Gerne Stall 3211 Elmick AVE EURIN 3/10/79 MT CHIPPE, A F COURS + AND Local of Fall the 1200 Lader of the course of the TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) STATE OF MARYLAND

1	STATE REGISTRAR			CERTIFI	CATE OF DE	ATH	13-0	6 6 4 EG. NO.	4		
	EASED NAME FIRST		IDDLE	LA			20 DATE OF DE			YEAR	26 HOUR
	WILL	LAM LE	ROY	SCRIV	EN			3	11	79	9:15
1.5EX	WENT SHORT	4 RACE		S. DATE O			6. AGE (IN YEARS)	AST BIRTHDAY)		NDER I YEAR	IF UNDER 24
	MALE	WHIT	E	MONTH	°31	YE 07	72		YRS.	HS DAYS	HOURS
	THPLACE (STATE OR FOREIGN	76 CITIZEN OF	VHAT COUNTRY?	8	NEVER MA	00150	9. BALTIMORE	ITY OR CO	UNTY OF	DEATH	
N	ARYLAND	U.S.	A.	WIDOWEL		RCED	BALTI	MORE	CITY		
	Y OR TOWN OF DEATH	VETERAN	OSPITAL, NURSIN	STRATI	ON MEDI	CAL CE	120. USUAL OCC LIVE OF WORK FOR NTER Dep	UPATION MOST OF WORK	CINGLIFE) 1 Educe	26 KIND C NDUSTRY ation	OF BUSINESS
130 ST	ARYLAND Bal	E OR OTHER INSTITUTION, UNIY TIMORE	GIVE RESIDENCE BEFOR 130_CITY OR TOV Randall	stown	136 INSIDE CITY	LIMITS?	131 STREET ADD 10800 M	tructi larrio	on Fo	orema 11e I	n Road
	HER'S NAME wil'I'slam	b. €	scrive		15 MOTHER'S A	Y Y	ME MI	DDLE	GEL	DMA CÎ	ST
láa W	AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECL	JRITY NO.	17 INFORMAN	Mrs.	Helen M.	Scriu	en	2	1133
	YES	W Z	216 07 2	2169			ttsville				
S L	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OF		ENCE OF DEATH BUT I	NOT RELATED TO	THE TERM	INAL DISEASE OF	R CONDITIO			100
<u>=</u>	90. DATE OF OPERATION	19b. CONDI	IDITION FOR WHICH OPERATION WAS PERFORMED			MED	YES X NO			CAUSES	OF DEATH
10	2]a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.	A. MONTH D.	MONTH DAY YEAR			CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)			NO []	
X	WHILE NOT WHILE AT WORK	FARM, ETC.]									
	22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE	79, one	that in (my) (a		death occurred on	CTAEC					
1	22d. PHYSICIAN'S NAME (TY	Bley (ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3-/2-79 270 ADDRESS								
	STEVEN	DEAK.	MID		3900 L	CH RA	VEN BLVD	. BAI	TO.,	MD.	21218
(59)	urial, cremation, remov Burial	4/14	/79 M	t. 07.1	METERY OR CR	2+02011	23d LOCATIO CITY OR TOV Baltin	ore Ci	itu.	Mary	state
24 FUN	NERAL DIRECTOR Lori 28 Liberty R	ng Byers oad Rand	runeral I	Direct Md.	ors, P.1 21133	A 250 DATE	REC'D. BY REGIS	TRAR 25b. R	ECISTRAR	SSIGNAT	TURE

filled ould b

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9-06645	9.	- 0	6	6	4	5
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12h KIND OF BUSINESS OR

AT HOME

STATE

LAST

INDUSTRY

12a USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE)

HOUSE WORK

REGISTRAK			CERTIFICATE OF PEATIF	REG. NO.		
I. DECEASED NAME (TYPE OR PRINT)	FIRST	WIOOFE	LAST	26. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
	ELSIE	HENRIETTA	SEATON	3-	9-79	5 am
3. SEX		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
FEMALE	ng xa	WHITE	JAN. 17, 1898	81 YRS	MONIHS DAYS	HOURS MIN.
7a. BIRTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	IY OF DEATH	
BALTIMORE	MD.	II C A	THE PROPERTY OF			

10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE UNION MEMORIAL HOSPITAL

LAST

MIDDLE

USUAL 130 STATE USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13b COUNTY BALT IMORE 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 634 S. LEHIGH ST. # 21224 YES X NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME

FIRST

MYERS OSCAR EMMA REYNOLDS ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 66 SOCIAL SECURITY NO 634 S. LEHIGH ST. (YES, NO OR UNKNOWN) GEORGE E. SEATON.SR. NO BALTO. 21224.MD. 214-20-9100

	F DEATH (Enter only one cause per line far (a), (b), and (c)	APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
1 AKT I. DE	IMMEDIATE CAUSE 10) Cardiagulmonary ares	t.
Conditions,	if any, which (b) CHF	
gave rise couse (a), underlying	to immediate stating the DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTH	IER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 1(a)

. dehudration (R) shural affection

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES | NO I 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 YEAR HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE 22a.1 certify that (this haspital) attended the deceased from saw the deceased alive or a opinian death occurred on the date and hour and from the causes stated

22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

3-12-79

D'ANTONIO, M.D.

23b. DATE

UNION MEMORIAL HOSPITAL

23d LOCATION 23c NAME OF CEMETERY OR CREMATORY OAK LAWN CEMETERY

COUNT 7225 EASTERN BLVD. BA.CO. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

BURIAL

DHMH - 16 50M 7/77 (VRA 15(4))

MPORTANT

CERTIFICATION

MEDICAL

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FUNERAL DIRECT

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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	1-	STATE REGISTRAR		D. A.	CERTIF	ICATE (F DEATH		REG. NO.	19.	- 000	40
		CEASED NAME FIRST	MI	DDLE	i	AST	1000	2a. DATE OF	DEATH MO	NTH D	DAY YEAR	26 HOUR
	(TYPE	OR PRINT) Natt.	ie	M.	SE	GAL			March	28	1979	2:20P M
	3. SEX	X	4 RACE		5 DATE C		AY YEAR	6 AGE (IN YEA	ARS LAST BIRTHDA	_	IF UNDER I YEAR	IF UNDER 24 HR
		Female	Black	c	2	16	1895	83		YRS	MONTHS DAYS	HOURS MIN
3		RTHPLACE (STATE OR FOREIGN OUNTRY) Va.	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIEI WIDOWE	D XX NEV	VER MARRIED DIVORCED	9. BALTIMOR	RECITY OR C	COUNTY		MD.
8		TY OR TOWN OF DEATH		OSPITAL, NURSIN FACILITY, GIVE STREET And Gene 1	ADDRESS)			12a USUAL C	CCUPATION FOR MOST OF WI			OF BUSINESS OR
35	USU/ 13a S	AL RESIDENCE (IF NURSING HOME O TATE Md . 13b COU	ROTHER INSTITUTION		E ADMISSION)	-	DE CITY LIMITS?	13° 11135	DDRESS Tif	Eany	Ct.	
		THER'S NAME FIRST	MIDDLE	Mason			TER'S MAIDEN NAMER FIRST	ME	WIDDIE		LAS	51
-	_	VAS DECEASED EVER IN U.S. AI	MED FORCES?	MASOII	IPITY NO	17 INFO			ADDRESS		Scott	
1			E WAR OR DATES)	218-22			ohn Seg	al Jr.		35 T	iffan	y Ct.
		PART I. DEATH WAS CAUSI Canditions, if any, which gave rise to immediate cause of stating the underlying cause lost PART 2. OTHER SIGNIFICANT	TE CAUSE (a) \underline{LC} DUE TO, OR (b) $\underline{}$ DUE TO, OR (c) $\underline{}$	AS A CONSEOUE	ENCE OF		nal Bleed		OR CONDIT	ION GIVI	EN IN PART 10	a
	O	Severe Conge	estive He	art Fail	lure S	econ	daru To A	ortic	Valvul.	ar D	isease	10000
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ON FOR WHICH	OPERATIO	N WAS PE	RFORMED	20a AUTOI	PSY? 21	Ob. IF YES	, WERE FINDIN	
9		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	MONTH DA	AY YEAR		w injury occure	RED (ENTER NATI	URE OF INJURY IN	ITEM 18, PA	ART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOC	ATION REET		CITY OR TOWN		COUNTY	STATE
	3.3	22a.1 certify that (* (*) s hasp sow the deceosed alive or abave*(*) (did) (d*)	ital) attended the March 2	deceased from 19.7	March		. 19 <u>79</u> % X (our) opinion (, todeoth occurred				tho KK (we) lost causes stated
1		226 SIGNATURE	Mala	raws	In.	MD	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN	v 🔏	372	SIGNED
1		THE PHYSICIAR'S NAME ITHE	ov far(NI)	10		22e ADE	RESS				E 0 121	
1		Clifford Ma.	lanowski,	M.D.		c/	o Marylar	nd Gene.	ral Ho	spit	al	
	23a. B	BURIAL CREMATION, REMOVAL	236. DATE	23c. N	NAME OF C	EMETERY	OR CREMATORY	23d. LOCAT	ION			

DHMH - 16 60M 1/75 (VR A 15 (4))

4/2/79 Burial 24 FUNERAL DIRECTOR
WM. C. March F/H 1101 North Ave.

King Memorial Pk.

Baltimore County,

750. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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137 Piffing G	l .al le	-1452 John 3cm	23.8-22	No

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

16	1.	FOR STATE REGISTRAR	DEPART		TH AND MENT		REG. NO	79-	06	647
		CEASED NAME FIRST HASTY	MIDDLE	Sei	del		DATE OF DEATH	3/19	YEAR	26. HOUR 25 A M
	3. SE	Male	WHITE	S. DATE OF BI	DAY 189	23	AGE (IN YEARS LAST BIRTI	YRS		IF UNDER 24 HRS
di once	70. 61	IRTHPLACE (STATE OR FOREIGN)	U.S.A.	MARRIED WIDOWED	NEVER MARRIE	0 4	Baltimore city of		ZEATH	MD.
notified	-	Battimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Levindale, Hebre		THER INSTITUTION		USUAL OCCUPATE PE OF WORK FOR MOST OF	WORKING LIFE)	NOUSTRY CLOTI	BUSINESS OR HES
er must be	13a S		13c CITY OR TO	nore 13d	INSIDE CITY LIM		STREET ADDRESS	le Ave		1208
examin	14 FA	. /	IDDLE LAST	15.	MOTHER'S MAID FIRST	EN NAME	JNKNOU	UN	ŁAST	
medical		NAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 218 - 32	1520 6	MRS. EI	HTI	LUEFELDORE XMXXXX Balt	S II SLA XXXXXXXX	DE AV	
, or ather traumotic event		PART I. DEATH WAS CAUSED IMMEDIATE Canditians, if any, which gove rise to immediate cause (a), stoting the underlying couse lost	1	SPMB JENCE OF JENCE OF			TUM	565.	19	nate interval Inserand death
ws any injury	CERTIFICATION	ATHERION	SCLEROS	15		1	100 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDIN	GS USED
or Item 18 sho	WEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M.	19 211	LOCATION		(ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1.0		
is morked	W	WHILE NOT WHILE 220.1 certify that (1) (this haspite	(AT HOME, STREET, FACTORY, OFFICE,	2/19	STREET	79.	ta3	13.192		hot (I) (we) last
IT: If Item 21		saw the deceased alive an abave, (1) (w/) (did) (did not 22b. SIGNATURE)	view the body after death.	DEG	REE ATTEND	DING M	h accurred an the da SEDICAL STAF RECTOR PHYSIC	F _	from the c	
MPORTANT		22d. PHYSIC DAN'S NAME (TYPE OR	PRINT) PRAN-WIN	22	LEV()	NDA	IE C	Enini	Tric	CENTAL-
_	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL		GRESSIV RELIEF		T	23d. LOCATION CITY OR TOWN NDALLSTOWN	N BALTO		MD STATE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215

19330-21

4517 PARK HEIGHTS AVENUE

T. GWYNN

DHMH - 16 50M 7/77 (VR A 15 (4)) STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O. DATE KNOWN X 2b HOUR M. OF ESTI-(TYPE OR PRINT) Dwight Selman Sellman DEATH MATED 2619 4. RACE DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (IN YEARS IF UNDER 1 YR. 20. DATE 29 H318 LAST BIRTHDAY) PRONOUNCED male black 79 54 26 DEAD P.M 19 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR FOREIGN COUNTRY) U.S.A. Baltimore City DIVORCED WIDOWED Maryland 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION
(IF NOT IN SUCH FACILITY, BIVE STREET ADDRESS) 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS D. CITY OR TOWN OF DEATH FOR MOST OF WORKING LIFE) Baltimore 2143 W. North Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balto. 13d. INSIDE CITY LIMITS? 13. SZZZZPORWalbrooks Ave 13a STATE 13b. COUNTY YES X NO F Md 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME O MIDDLE MIDDLE AND OF VIT Sellman FIRST Ernestine Sellman Walter 17. INFORMANT **ADDRESS** 60. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. DIVISION Sellman 2224 Walbrook WITH FO (YES, NO, OR UNKNOWN) Ernestine 214-64-7952 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ISIT PERMIT. HYGIENE, D BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Stabwound of neck IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF REMOVAL Canditians, if ony, which OR REMOV gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF PRIOR JO BURIAL, C OF YES X NO [21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 1:25 P.M. 3/26/79 UNDERLYING & OR MEDICAL :25 P.M. stabbed by assailant CONTRIBUTING CAUSE OF DEATH PRIOR 21e PLACE OF INJURY LAT HOME 21f. LOCATION 21d. INJURY OCCURRED STATE STREET, FACTORY, FARM, ETC.) WHILE AT WORK 2100BlkW.NorthAvenue,Baltimore street MD 22a. I certify that I took charge of the remains described above, held an Inspection Autapsy Inquiry and in my opinion MARYLAND. Homicide X TO MEDICAL EXAMIN
EXECUTE THE CERTPIC
PAGE 4 SHOULD BE
TO FUNERAL DIRECTOR
AFTER DEATH, WITH THE BALTIMORE, MARYLAN death resulted fram: Undetermined manner TITLE (SPECIFY) 3/27/79 ACTUAL Assistant DATE SIGNATURE MEDICAL EXAMINER SIGNED Hormez R. Guard, M.D. EXAMINER'S NAME 111 Penn Street, Balto. MD 21201 (TYPE OR PRINT) Achiery or Crematory 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23CINAME OF (S:ECIFY) Westport Burial 25a DATE REC'D. BY REGISTRAR 125b REA-ISTRAR'S SIGNATURE **DHMH-17** Charles A. Rice P. ADDRESS. (VR A15 ME (5)) 1300 Eutaw Pl 15M7/76

P 1 2 3 0 - 9 V can be structured with the second of the second . Antich APPARAMENT TO PERAMENTAL AND ADDITION OF THE PARAMETER OF

6010 REISTERSTOWN RD., BALTO., MD 21215

(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2n DATE OF DEATH

REG. NO

79-06651

15

IF UNDER 1 YEAR

KREMER

CITY

IF UNDER 24 HRS

WILLSOMUSPHESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE BALLARD CO.

2300 LYNDHURST AVE. #21216

YES

MRS. DOROTHY SHAPIRO 2300-LYNDHURST AVE.

APPROXIMATE INTERVAL 2 days carcinoma to (R) cerebral hemsphere

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

LAST

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY STATE

22c. DATE SIGNED

pluedere Aue

BALTIMORE

DHMH - 16 50M 1/76

SOL LEVINSON & BROS. . INC. 24 FUNERAL DIRECTOR (VR A 15 (4)) 6010 REISTERSTOWN RD., BALTO., MD_21215

FOR

REGISTRAR

L DECEASED NAME

- STATE

TYPE OR PRINTI

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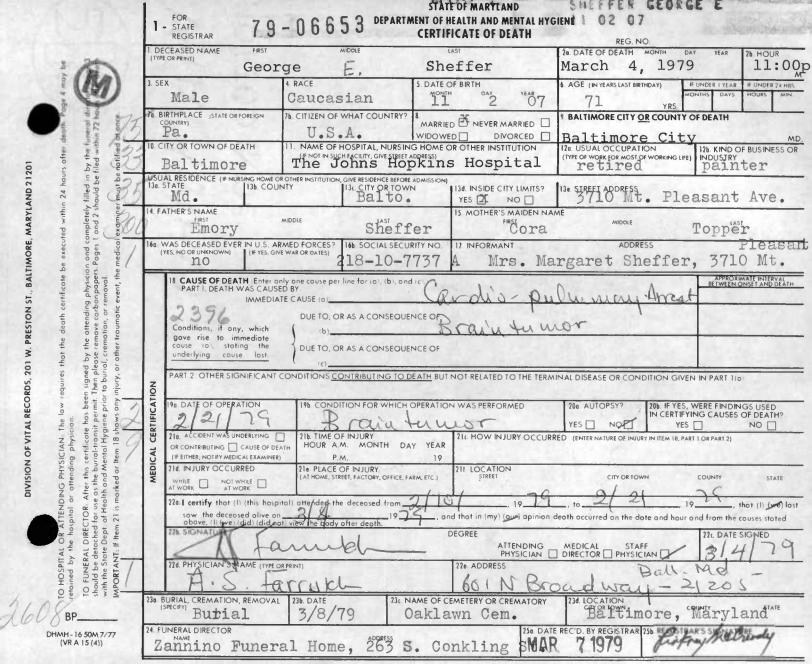
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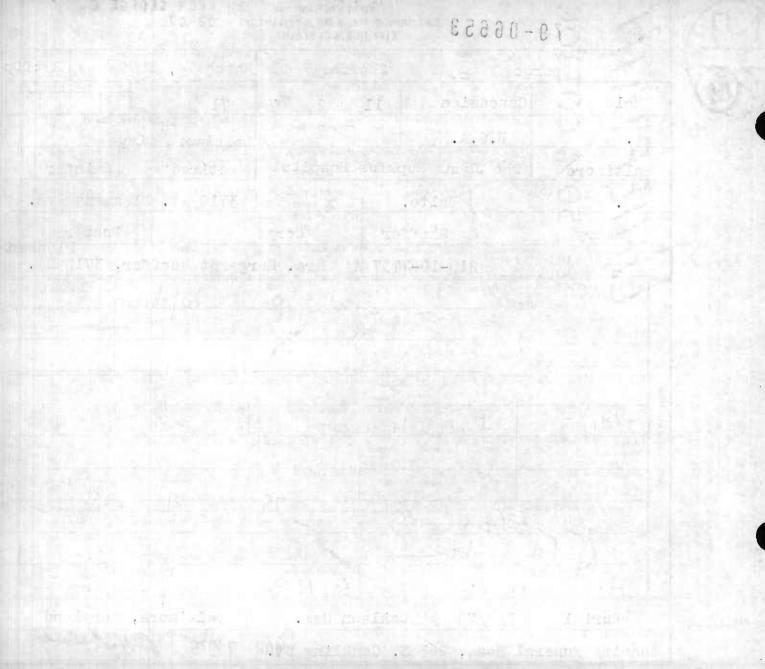
MARYLAND

15M 7/76

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

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HUBBARD FUNERAL HOME. INC.

33330-01

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

1 - STATE

73000-01 Sattl 61/8/E ATTA TATE 1. Finale Contra 130 212-44-2011 Cardio pulmonary Torest Helpstone Bread Carringmen -310000 TE MALERY ST Early Hadras M/4/E BAHMARE CHICLE RESERVE TO CONTRA Jahau 13 amal START THE PERSON

DHMH - 16 50M 7/77 (VR A 15 (4)) FOR - STATE

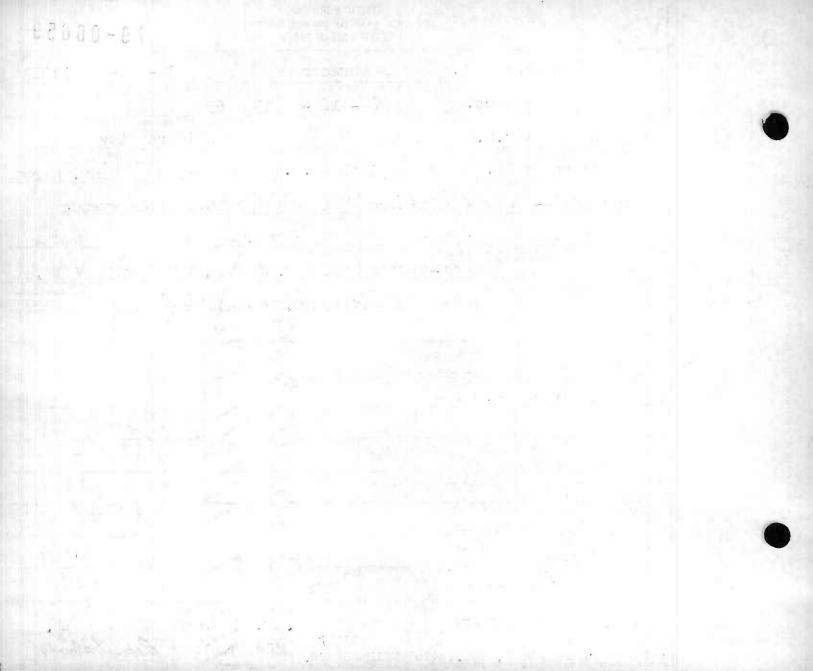
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-06658

		REGISTRAR		CENTIL	CAIL OI DE		REG. NO.				
		EASED NAME FIRST	MIDDLE	L	AST		2a. DATE OF DEATH MON	VIH DAY	YEAR	26 HOU	R
	(11AF	ORPRINT)		01	4		02	3-29	-79	410	15
	2 CEV	Joseph	L DACE	UKO	S RIDILL			-	NDER 1 YEAR	IF UNDER	PM
	3. SEX		4 RACE	5. DATE C	DAY	YEAR	6. AGE (IN YEARS LAST BIRTHDA	MONI	_	HOURS	MIN
	,	male	Rlack.	12	-31 -	95	83	YRS.			
	70 BIF	RTHPLACE ,ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8			BALTIMORE CITY OR C	OUNTY OF	DEATH		11,1
1	co	DUNTRY)	1150		NEVERMA		0 11.	- 014			
10	10.01	Md.	חבע	WIDOWE		RCED	Baltimo		1		MD.
	10 CI	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 		OR OTHER INSTITU	UTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		196. KIND O INDUSTRY	F BUSINE	SS OR
0	Bo	ettimore		lescei	of Home						
	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	,,,,,,,,						_
0	13a. S	TATE 136 COUN	NTY 13c. CITY OR TOW	/N	134 INSIDE CITY		13e STREET ADDRESS		di	-101	
0		ma.	Baltime	ore.		10 🗌		more	St.	212:	3/
	14 FA	THER'S NAME	MIDDLE / LAST		15 MOTHER'S M		E 4 MIDDLE	Name II	LAS		
din	654	Grant Kah	ext Shopt		1	1. AV	HAWKIN	5	LAS		
	1ån V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	IRITY NO	17. INFORMANT	1	ADDRESS				
1			E WAR OR DATES)		7 4	1/11	5515012	1.11	1 11/2	1.	70
		NO	217-18-0	2005	Janelle	HAII	-0010 8-0	st. N.U		3/1,0	V.C.
		18 CAUSE OF DEATH (Enter or		dici -					BETWEEN	MATE INTER	DEATH
Ш		PART I. DEATH WAS CAUSE	1/1991-	kar	anesi	<i>T</i>			120		
		161 IMMEDIA	TE CAUSE (O)	0	^		. 0	1			
	22	916-	DUE TO, OR AS ACQUISEOU	DESCO	wes Du	coop.	Corney he	uffeces	29	our	
		Conditions, if any, which	(b)		7			100			1
		couse (a), stating the	DUE TO, OR AS A BONSEOU	EMCE ON	trucker	· lun	Macasa		24	201	Name of Street
Ξ		underlying couse lost.	(100)	2.000					-		
н		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAI DISEASE OR CONDITI	ON GIVEN	N PART 10	7.)	
	Z				ono	O THE VENTON	THE DISEASE ON CONTON	011 011 214	TATALL TO		
_	CERTIFICATION	IA DATE OF ORDERATION	196 CONDITION FOR WHICH	OPERATIO	LIVAS DEBEGOR	150	20g AUTOPSY? 20	b. IF YES, W	EDE CINIDIA	ICC UCE	
7	IC.	19a DATE OF OPERATION	148 CONDITION FOR WHICH	OPERATIO	N WAS PERFORA	NED		CERTIFYIN			
4	TI						YES D MAD	YES [NO [
64	GE	210. ACCIDENT WAS UNDERLYING		145.5	21c HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM 18, PART 1	OR PART 2)		
1		OR CONTRIBUTING CAUSE OF DE			73 U.S.						
	JO.	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19	211 LOCATION						
	MEDICAL	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)	STREET		CITY OR TOWN		COUNTY	ST	TATE .
		AT WORK				11	an I	100	20		
- 1	- 17		ital) attended the deceased from	Truck	128	19/0	_, to	2/ 19.	77	that (I) (4	we) lost
		sow the deceased alive an	Touch >9 It) view the body ofter death.	9 . or	nd that in (my) (to	ज ा) opinion de	eoth occurred on the date	and hour on	d from the	couses ste	oted
	100	77b. SIGNATURE	of) view the body after death.		DEGREE	100			22c. DAJE	SIGNED	1.
		16 ans	el Lein	/		ENDING V	MEDICAL STAFF		2/	29/)0
	11.0				PH	YSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 🗆	1	'/	
1	16	224 PHYSICIAN'S NAME (TYPE C	ORPRINT)		274. ADDRESS	V 11 -	-1 A1/2 Do	DA MA	1	21>	11-
1		MANUEL L	EUN M.O.		0/0///	1701	AND BAR	20.7-11		,,,	, _
-	22- 0	UDIAL CREMATION REMOVAL	221 DATE 22.	NAMEOFO	EMETERY OR CRI	EMATORY	23d LOCATION				
	230. B	SURIAL, CREMATION, REMOVAL	23b. DATE 23c.	LT	EMETERT OR CRI	MATORT -	FUTY OR TOWN	11 000	NTY	117	71
		DURIAL	4-4-19 14	T. 1616	on ce	meier	KHUKU	mae	HIM	del N	19
	24 FL	INERAL DIRECTOR	2460N	. WA	5h. 3T.	25a. DATE	REC'D. BY REGISTRAR 256	REGISTRAR		Bee	de
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STATE OF MARYLAND



	STATE OF MARY
OR	DEPARTMENT OF HEALTH AND

AND MENTAL HYGIENE

UCCCU 70

	REGISTRAR			CERTIF	ICATE OF D	EATH	REG. NO.	3-00	000
20	I. DECEASED NAME FIRST	٨	AIDDLE	l l	AST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	MARGAR	ET		5 H	IUE		03.	31 79	7 AM
2-	3 SEX	4. RACE		5. DATE C		+ 1-1-5	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Fem.	C	2u.	MONTH	23	1900	78 YRS	MONTHS DAYS	HOURS MIN
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER M	APPIED []	9 BALTIMORE CITY OR COUN	TY OF DEATH	
5	Md.	U.	S.A.	WIDOWE		ORCED	BAltimore	city	MD.
	10. CITY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INST	TUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
1	BAltimore	Voice		eral	Hospi	196	Housekeeper	TUTE) HADOSIKI	
00	USUAL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Batto	N	134 INSIDE CI		13e. STREET ADDRESS 4137 Eierman	A 21	206
0			Date	•	YES K	NO DENINIA		rives 21	200
20	14 FATHER'S NAME FIRST Joseph	MIDDLE	Gilbe	rt		IRST	unknown	ŧA.	ST
1	160 WAS DECEASED EVER IN U.S. AR		166. SOCIAL SECU	RITY NO.	17. INFORMAL	VT .	ADDRESS	1-11	
/	(YES, NO OR UNKNOWN) (IF YES, GIV	214-03-7468 Mrs. Margare			et Schaefer 4373 Sheldon Ave.				
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate	ED BY: TE CAUSE (0)		opu	lman	ary	arrest	APPROX BETWEEN	Minute Minute
	gove the to immediate	,							

couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING

20b. IF YES, WERE FINDINGS USED 200 AUTORSY IN CERTIFYING CAUSES OF DEATH? YES TO NOT YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER P.M. 21d, INJURY OCCURRED

YEAR 19

0

DEGREE

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN COUNTY STATE

(our) opinion death occurred on the date and hour and from the causes stated

COUNTY

22a.1 certify that (1) this haspital attended the deceased fro sow the deceased alive on 3/3/ above. (D we) fold (did not) view the body after death. 226. SIGNATURE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

27L DATE SKINED

AROOM 230 BURIAL, CREMATION, REMOVAL 236 DATE

22d PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

STATE

24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 NAME (VR A 15 (4))

SPECIFY

CERTIFICATION

MEDICAL

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE intrey Mc Cready

98039-61 1 20,136,36110 x 13 is we 212 1 11/2011 upp more 17910 2/4-03-71 M. corned conter 133 soins vo. unia 'i-- a'u co co co. c. c. to. on . i. en oc. "His onin".

1979

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		CERTIFICAT	E OF DEATH	REG NO.	9-1166	bZ
	1. DECEASED NAME A GINE	MIDDLE	SILV	ER	20 DATE OF DEATH MONTH	22 701	HOUR SOA M
	Pemare 1	white	5. DATE OF BIRT	PY 95	6 AGE (IN YEARS LAST BIRTHDAY) 7-3 YRS	MONTHS DAYS H	UNDER 24 HRS OURS MIN
1	MARYLAND	75 CITIZEN OF WHAT COUNT U.S.A.	MARRIED 1	NEVER MARRIED	BACTIMORE CITY OR COUN	CITY OF DEATH	MD.
2	BALTIMORE	SINAI	HOSPITAL	ER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	GLIFE) 12b. KIND OF B INDUSTRY AT HON	
5	USUAL RESIDENCE (IF NURSING HOME OR 130, STATE 13b COUN MARY LAND	OTHER INSTITUTION, GIVE RESIDENCE B 13¢ CPTY OR T BALTIM	ORE YES		13e STREET ADDRESS 3638 FORDS LAN	E, APT. D	#21215
0		GOLD GOLD		REBECCA	WIDDLE	KADER	
	160 WAS DECEASED EVER IN U.S. ARI (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		FORMANT		21215	-
	18 CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE) IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS CONSE	ral Effu	sion w/Ca F Ove + He	Idea Tamps	APPROXIMATION OF THE PROVINCE	
2	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING				YES, WERE FINDINGS	
7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 220. I certify that (I) (this hospit sow the deceased alive on oboye. (I) (we) (did) (did not 22b. EIGNATURE) 22d. PHYSICIAN'S NAME (TYPE O	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 21f. L PICE, FARM, ETC.) 21f. L DEGRE		CITY OR TOWN CITY OR TOWN CITY OR TOWN COUNTY OR TOWN MEDICAL MEDICAL	COUNTY . 19	state t (I) (we) lost uses stoted
	14WWE	3-4-79 HAR	ZION-TIFEN S., INC. LTO., MD 2	RETH ISRAEL	REC'D. BY REGISTRAR 256. REG		STATE ID E

DHMH - 16 50M 1/76 (VR A 15 (4))

marked or Item 18 shows ony

IMPORTANT: If Item 21 is

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FOR

- STATE

DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY N. Exeter St. LAST Ernest Graham 2202 N. Boone St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 3-15-79 CORPORATION Md TATE Baltimore Cemetery Baltimore, 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 March F/H 1101 E. North Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IF UNDER 1 YEAR

(VR A 15 (4))



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x II N. Exetor St.			a Diff
Franst Graham 2202 M. Boone St	216-10-301		oli
	35 6 76 7		
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Nam. C. Marreit F/H 1101 F. Moreb Ave. MAR 184829 . Safety Alength

Item 6 g531 5/8/79 gj

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M. A. A. W. Selstmore City

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Haltmore x 1225 Appleton St. p.

Brainain Name Success

No 213-14-9392 lumb Niller 1700 M. Payaon

Burtell S.Sl. 79 Ming Menorial Rt. Dalpimor Louncy, ed. Tm. C. Harch I/H 1101 F. Morth Ave. And the Company of the

	1.	FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT	H	REG. NO	79-	066	65
1		CEASED NAME OR PRINT)	FIRST	WIDDLE		400501	^	20. DATE OF DEATH	3 6	1.1	3 3 AM
)	3 SE	Mare	4 RACE) _{hite}	5. DATE C		EAR 2	AGE (IN YEARS LAST BIRTH	YRS.	DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN
25	, ,	n 211.	Penna.	SA.	WIDOWE		ED 🗌	9 BALTIMORE CITY OF	turi	Tere	dy. Mo
Conflict	(Salling	1900 - (IF NOTA SU	CH FACILITY GIVE STREET	APRES)	PROTHER INSTITUTION	ON .	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF NEVER EMP	WORKING LIFE		F BUSTNESS OR
13	130 S Md	TATE	inchome or other institution to the county Baltimore	1. GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIV YES NO		13e. STREET ADDRESS 2225 Kn	ox X A	lve.	
132	14. FA	ATHER'S NAME FIRST	unknown	LAST		15. MOTHER'S MAII		unknown		LAS	ī
Andrea		VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	219-56-3		St.Vincer	tdeP	aul Society			
r other traumotic event, t		18. CAUSE OF DEAT PART I. DEATH W Conditions, if any, gove rise to immouse (o), stofin underlying cause	DUE TO, C , which necliate ig the DUE TO, C	OR AS A CONSEQUE	ENCE OF	e ju	lai	out all	ent.	DETWEEN'S	MATE INTERVAL ONSET AND DEATH
ows ony injury, o	CERTIFICATION	PART 2 OTHER SIGN	TION TO CONE	ina	Na	NOT RELATED TO THE	fo	200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDIN	IGS USED
ked or Item 18 sho	MEDICAL CER	216. ACCIDENT WAS UNITED TO SECOND TRIBUTING (IF EITHER, NOTIFY MEDIC CURITY MEDIC CURITY MEDIC CURITY CONTINUATION CONTIN	CAUSE OF DEATH ALEXAMINER) RED 21e PLACE JATHOME, S	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	19	211. LOCATION STREET	OCCURRE	D (ENTER NATURE OF INJUR		COUNTY	STATE
II; If Item 21 is morked		sow the decease	(this hospital) ottended the dolive on 20 (did not view the body	19		, 17	DING _	MEDICAL STAF	te ond hour		
MPORTANT:		224. PHYSICIATY'S N	AME (TYPE IN RINT)	RI.		22e ADDRESS	La	uletello	- /	toipe	lat

BP.

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ITENDING PHYSICIAN: The low

attending physicio

TO FUNERAL DIRECTOR: After this certificate has bi

DHMH - 16 50M 7/77 (VR A 15 (4))

should be detoched for use as the burial-transit permit. Then please remove corbanipaers. Fager 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

24 FUNERAL DIRECTOR
NAME
Witchell-Wiedefeld Home 6500 York Road Bal.Md.

23b. DATE

236. BURIAL, CREMATION, REMOVAL Burial

23¢ NAME OF CEMETERY OR CREMATORY Sacred Heart of Jesus

23d LOCATION
CITYORTOWN
Baltimore

COUNTY

STATE

Jesus | Baltimore Md.

1250. DATE REC'D. BY REGISTRAR 1256. REGISTAR'S SIGNATURE

MAK 1 2 1979 history McChan

3/9/79

23b. DATE

3-14-79

FOR

- STATE

REGISTRAR

230. BURIAL, CREMATION, REMOVAL

Burial

79-16666 REG. NO MONTH 2h HOUR IF UNDER I YEAR HOURS. 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12h KIND OF BUSINESS OR (Type of work for most of working (IFE) INDUSTRY
Machine Operator Silk Mill 13e STREET ADDRESS White Marsh. Md. Lot 50 Rosewood Tr.Rk. 21162 CW ADDRESS Same

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN T DIRECTOR PHYSICIAN 22e ADDRESS 231. NAME OF CEMETERY OR CREMATORY STATE

DHMH - 16 60M 1/75 (VR A 15 (4))

BP

Bruzdzinski Funeral Home PA 1407 Old Eastern Ave MAR

Holly Hill Cemetery

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Melresdes

Baltimore County. Md.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 2e DATE OF DEATH MONTH 2h. HOUR (TYPE OR PRINT) HOWARD Louis SINGER . Jr. MARCH 20 1979 7:45P 4 RACE 1 SEX 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. MONTH YEAR MAYS HOURS Male White 17 To: BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED BALTIMORE CITY Marvland USA WIDOWED DIVORCED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Carpenter self-employed MARYLAND 21201 JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136 STATE 136 COUNTY 136 CITY OR TOWN 134. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 5630 North Avenue Maryland Overlea YES [NO DE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MIDDLE LAST MIDOLE Cornelius Louis Lillian Howard Singer, Sr ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) Pearl E. Singer 5630 North Avenue WW 219-03-0222 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL I IF EITHER, NOTIFY MEDICAL EXAMINERS 21d. INJURY OCCURRED 21a PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 77% SIGNATUR DEGREE 11c DATE SIGNED ATTENDING MEDICAL FUNERAL PHYSICIAN | DIRECTOR | PHYSICIAN 22d. PAYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ould b MPORT 0 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE (SPECIFY) CITY OF TOWN COUNTY BP. Baltimore Md. **Burial** Gardens of Faith Overlea BX.REGISTRAR 256. REGISTRAR'S SIGNATURE 250 DAVE 24 FUNERAL DIRECTOR DHMH-16 20M 7401 (VRA 15, 4) 7/78 Lassahn Funeral Home Belair Road

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2n. DATE OF DEATH TYPE OR PRINT 29 anue IF UNDER I YEAR IF LINDER 24 MRC 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAYS HOURS. 1903 BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED | NEVER MARRIED | COUNTRY WIDOWED DIVORCED NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 113b. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST FIRST Murphy Jerry Shands Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) -05-518 No 18 CAUSE OF DEATH (Enter only one couse per line for (9), (b), and (c). PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONDITIONS OF THE PART 110 PART 110 CERTIFICATION ucun CRUVE 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORME IN CERTIFYING CAUSES OF DEATH? NO YES [NOF Hygie 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 2 L. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY 5 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from O FUNERAL DIRECTOR: A hould be detached for use saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death be deroche State Dept. 22c. DATE SIGNED 22b. SIGNATUR DEGREE MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT Tre ADDRESS 21218 Batto 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY Md. 4/3/79 Arbutus Memorial Pk. Arbutus, Burial 250. DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SISNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) Wm. C. March F/H 1101 E. North Ave.

79-116668

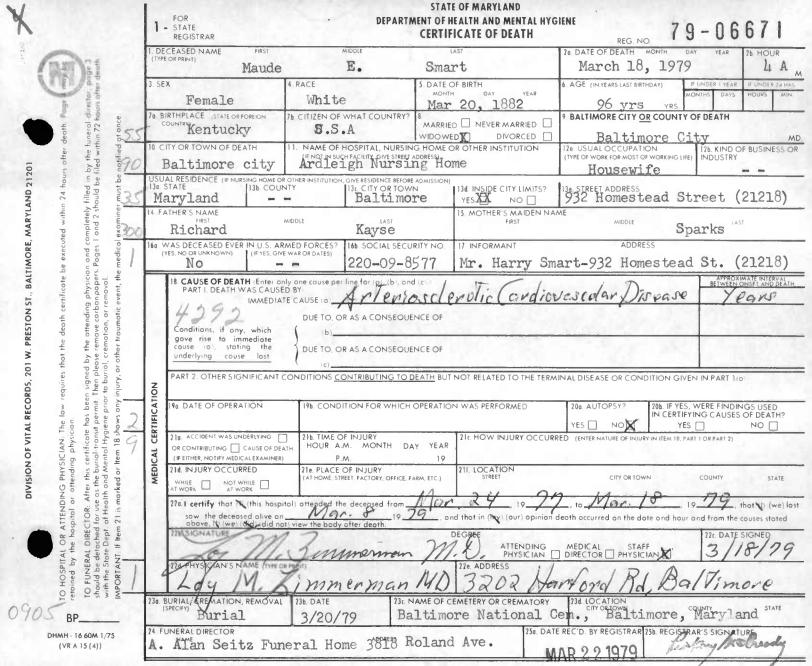
(VRA 15 (4))

Belair Ro

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06670 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH MIDDLE I. DECEASED NAME 1.20 PM (TYPE OR PRINT) SLE DGE 03-JOHN 30 2 IF UNGER 1 YEAR IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4. RACE 5. DATE OF BIRTH OAYS HOURS MONTH YEAR MIN Black Male nn BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY Va. USA Balto. City WIDOWED DIVORCED 17h KIND OF BUSINESS OR IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) filed Provident Hosp. Balto. by MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 3120 Ferndale Ave. 13a STATE 136 COUNTY filled ould k Balto. Md. YES [NO F 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME LASY MIGOLE LAST FIRST MIOOLE Pu 0 ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Pages (IF YES, GIVE WAR OR OATES) (YES, NO OR UNKNOWN) 407-00-0405 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY une PRESTON ST. IMMEDIATE CAUSE to DUE TO, OR AS A CONSTOUENCE OF achexia Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last 0 PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT DIVISION OF VITAL RECORDS, CERTIFICATION 0 prior 20b. IF YES, WERE FINDINGS LISED 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? per NON YES T buriol-transit p 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, STC.) NOT WHILE WHILE 220.1 certify that (1) (this haspital) attended the deceased from. 3+30sow the deceased live on 3000 obove, (I) (we) (did) (did not view the body after death 1979 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated TO FUNERAL DIRECT should be detoched fixing with the Stote Dept. of 22c. DATE SIGNED DEGREE 22b. SIGNATURE STAFF MD MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIANT MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e. ADDRESS Nazayana 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE TUES STATE COUNTY 4/3/79 Removal BP. 250. DATE REC'D. BY REG STRAR 256. RECUSTRAL SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 Balto. Md. Anatomy Board (VR A 15 (4))

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			Defendant in	



STATE OF MARYLAND

79-06672

1.	- STATE REGISTRAR		DEPARTMEN	ERTIFICATE OF	DEATH		10		
I. DE	CEASED NAME FIRST	M	IDDIE	Sign +1)	REG. N	MONTH DAY	Y YEAR 26 HO	OUR 4
3. SE	X	4 RACE	15.	DATE OF BIRTH	<u> </u>	6 AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR IF UNDE	ER 2
	Male	Blac	ale .	MONTH DAY 26	10	60		NTHS DAYS HOURS	S
	IRTHPLACE (STATE OR FOREIGN		VHAT COUNTRY? 8			9. BALTIMORE CITY	YRS. OR COUNTY O	F DEATH	
C	Va .	II o		MARRIED NEVER	DIVORCED	Baltim	ore Ci	tv	
10 C	ITY OR TOWN OF DEATH		OSPITAL, NURSING H		STITUTION	12a USUAL OCCUPAT	TION	126. KIND OF BUSIN	NES
	Baltimore	North	Charles	St. Ge	neral	(TITE OF WORK FOR MOST	OF WORKING LIFE,	INDUSTRI	
USU.	AL RESIDENCE (IF NURSING HOME C STATE 136 COU		GIVE RESIDENCE BEFORE ADA 13(. CITY OR TOWN	AISSION)	100000	13e STREET ADDRESS			
	Md.		Baltimo			1939 W.	Fayet	te St.	
14 F	ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER	R'S MAIDEN NA/	WE	, , ,	LAST	
14 1	WAS DECEMBED SWED IN U.S. A.		10.505		tty	ADD	DEEC .	Perkin	S
	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	16b. SOCIAL SECURITY						
_	No		228-05-18	890 Mab	el Smi	th 1939 V	. Fay	APPROXIMATE INT	
	Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR	AS A CONSEQUENCE	CONGES	TIVE	HEART I	f A1 Luk	25	
CATION	gove rise to immediate	DUE TO, OR	AS A CONSEQUENCE AS A C	CONGES E OF TH BUT NOT RELATE AILUL	ED TO THE TERM		NDITION GIVEN	NIN PART 100 PACE MA	SED
RIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT A CUT 2 19a DATE OF OPERATION	DUE TO, OR	SOUPRE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE INTRIBUTING TO DEA! NAL F	CONGES E OF TH BUT NOT RELATE AILUL	ED TO THE TERM	INAL DISEASE OR COI	NDITION GIVEN	PACE MA	SED
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MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	DUE TO, OR CONDITIONS CO 19b. CONDITIONS ATH 21b. TIME OF HOUR A.A. 21c. PLACE C	SEVERE AS A CONSEQUENCE SOLVED INTRIBUTING TO DEA FOR WHICH OPE INJURY A. MONTH DAY A.	E OF TH BUT NOT RELATE A1 L L ERATION WAS PERF YEAR 19 211 LOCAT	ORMED	INAL DISEASE OR COI	20b. IF YES, IN CERTIFYI YES	N IN PART TO PACE MA WERE FINDINGS US NG CAUSES OF DE NO TTOR PART 2)	SED ATH
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	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES IN JUNE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK Sow the deceased alive on obove, (I) (ame) (did). 22b. SIGNATURE	DUE TO, OR (c) DUE TO, OR (c) 19b. CONDITIONS CO 19b. CONDITIONS CO 19b. CONDITIONS 21b. TIME OF HOUR A.A. P.A. 21c. PLACE C (AT HOME, STRI	AS A CONSEQUENCE AS A CONSEQUENCE ON TRIBUTING TO DEA WHICH OPE INJURY A. MONTH DAY A. DE INJURY JET, FACTORY, OFFICE, FARM, deceosed from 19 11 11 11 11 11 11 11 11 1	E OF TH BUT NOT RELATE A-1 L UL ERATION WAS PERF YEAR 19 211 LOCAT STREE , ond that in (m) DEGREE	ORMED INJURY OCCUR IN 19 ATTENDING PHYSICIAN	INAL DISEASE OR COL 20a AUTOPSY? YES NO CITY OR TO deoth occurred on the autopical MEDICAL STA	20b. IF YES, IN CERTIFY! YES URY IN ITEM 18, PAR DWN 15 dote and hour c	WERE FINDINGS US NG CAUSES OF DE. NO TIOR PART 2) COUNTY	STATE STATE
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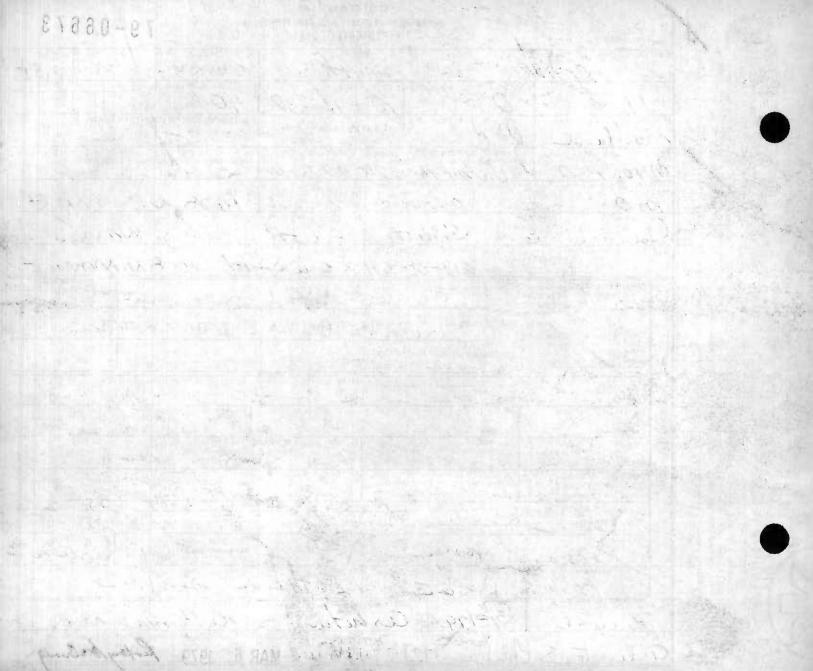
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225-05-1890 Mabel Smith 139 . Payette St.

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STATE OF MARYLAND

	1	STATE REGISTRAR			OF HEALTH AND RETURN OF		ENE REG. NO		-066	75
٢		EASED NAME FIRST	MIDDI	le .	LAST		20. DATE OF DEATH		YEAR	26. HOUR
1		Edga			Smith	The	0:	9 = 0	J. 79	8:30Am
). SE)	Male	White	S. C	May 17	1898	6. AGE (IN YEARS LAST BIRTH	MO	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
è		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY? 8			BALTIMORE CITY O	R COUNTY O	FDEATH	
2		Md.	U.S.	A. wi	- Indiana	ONORCED	Baltim			MD.
5		Balto.	Church	PITAL, NURSING HO CILITY, GIVE STREET ADDRE HOSPITA	al Corp.		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Pitt	WORKING LIFE)		BUSINESS OR
5	13a S	Md.		Balto.	136. INSIDE YES	NOTO	13e STREET ADDRESS 4103 Cli	ffval	e Rd.	
2	14 FA	THER'S NAME FIRST James	M.	Smith	15 MOTHER	rs maiden nami first Ella	WIDDLE		Pazie:	r
1	(1	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVI	WAR OR DATES)	13-07-09		ar J. Si	mith (son		e add:	rass
	z	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	due to, or as	a consequence	ncer & P	spread	te Cancer Metastas:	is	IN PART 1(o	1
1	CERTIFICATION	19a DATE OF OPERATION	196. CONDITIO	N FOR WHICH OPE	RATION WAS PERF	ORMED	20a AUTOPSY?	206. IF YES, V IN CERTIFYII YES	WERE FINDIN	GS USED OF DEATH? NO
9	MEDICAL CERT	2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF IN HOUR A.M. P.M.		YEAR 19		D (ENTER NATURE OF INJUR		I) OR PART 2)	
	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF I	NJURY FACTORY, OFFICE, FARM, E	211 LOCAT STREE		CITY OR TOW	N	COUNTY	STATE
		226 I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did no 226. SIGNATURE	3/1	8/ 19 79	3/7/ 2_, and that in (m) DEGREE	, 19 <u>79</u> r) (<u>aur)</u> opinian de	, ta3/_ eath occurred on the da	18/		
			tram			ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC			
1		220. PHYSICIAN'S NAME (TYPE O			22e ADDRE		Hospital			
		urial, cremation, removal Burial	3/21/7		of CEMETERY OF	CREMATORY	23d LOCATION CITY OF TOWN Balto	cc	YINU	STATE M.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If them 21 is marked or them 18 shaws any injury, ar other traumatic event, the

Baltimore

Balto.

COUNTY

Md.

Home, Inc. 9705 Belair Rd. Balto. Md. 21236

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21203 CERTIFICATE OF DEATH	06676
ond leoth	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) Edward J. Smith	Year 25. Hour 79 8.45 Ma
	3. Ditt of Dikiti	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN
	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9. COU	tv Md.
	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done give street oddress). Baltimore 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) C. M. Assembly Div.	12b. KIND OF BUSINESS OR INDUSTRY BOOth Clear
5 od	o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before mission) STATE Md. 13b. COUNTY 13d. NSIGE CITY LIMITS? 13e. STREET AND NUMBER 30.56 Grant 1	
2 14	. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lambert Price Bessie Smith	Last
1	So. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) Yes 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 249-34-4855 Lorraine Smith same as at	ove
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A (ONSEQUENCE OF Canditions, if any, which gave nise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH G. YLANS
9	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSTRUCTION OF THE PROPERTY OF THE P	SIDERED IN CERTIFYING
This or	Grant Contributing Cause of Geath Hour A.M. Month Day Year P.M. 19	
	While Not while at work of work (Office Building, ETC.) 22a. I certify that (I) (this hospital) attended the deceased fram 1-25, and that in (my) (our) opinion death occurred an the date causes stated abave, (I) (van) (did) (did not) view the bady after death.	State State State And have and from the TE SIGNED
2	TREMOVAL (Specify) Datumore, 1910. 21205.	(County) (State)
A15 (4) REV. 1/68		Ma Creedy

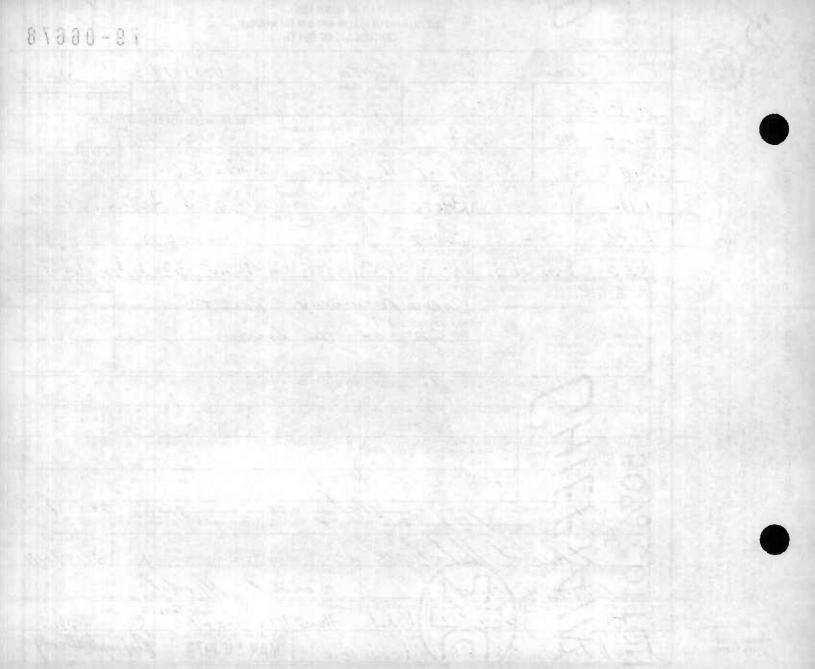
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE

2		1	FOR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	CIENE		
0-		1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	79-066	78
(BA	1		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 H	HOUR
o v			Leon	λ.	SHITH	3/13/19	79 124	O AM
je 4 mo sctor, s oft		3. SE	MALE	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYEAR IF UN MONTHS DAYS HOULD	NDER 24 HRS
Page 4	ė		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	9 BALTIMORE CITY C	R COUNTY OF DEATH	
eoth.	£35	1	SAH HO MI	U.S.A-	MARRIED LI NEVER MARRIED L	Ball	CITY	MD.
ofter dee	otified	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		
ours ours	Pe n	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BE		1		
NND 2 24 h 24 h 6illed ould b	T S C	130 3	TATE 136 COUN	NTY BOTTY OR THE	OWN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS	Apolo In St	
YLA Ithin	iner.	14. F/	THER'S NAME	1001010	15. MOTHER'S MAIDEN N		replie ten es	
MAR ed w	E S	-	Fred So	MIDDLE STAST	FIRST	in Uno	LAST	
- 0 -	icol		VAS DECEASED EVER IN U.S. AR		ECURITY NO. 17 INFORMANT	ADDRE	SS	
BALTIMORE, ote be execu vsiction and co ppers. Pages 1	medicol	(VES W	WIL 28-18-	1743 Mrs. Reginia	Mode - 15	08.6. Appletons	4-
ficote b	vent, the		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b),	, and (c).)		APPROXIMATE II BETWEEN ONSET	NTERVAL AND DEATH
Physical Phy	even		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) CAPA	E FULHOWARY	ARREST.		
DN S h cert ading or re	umotic		1629	DUE TO, OR AS A CONSE	OUENCE OF			
PRESTON he death a he attendin emove carb	20.0		Conditions, if ony, which	((b) C/	1. OF the Lu	NG.		
	ē		gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSE				
201 W. es that the the please replace record, ore	or oth			(c)				
DS, 3 quire sign hen p	ijory,	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir to offending physician. Were this certificate has been sign os the buriol-transit permit. Then hand Menfall Hydiene prior to b.	pro .	CERTIFICATION	19g DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20g AUTOPSY?	T206. IF YES, WERE FINDINGS U	JSED
LRE to on. hos l	30	FE				YES NO	IN CERTIFYING CAUSES OF DI	EATH?
I OF VITAL SICIAN: Thu g physicio g physicio entificote h entificote h entificote h entificote h	8 8 9	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUI	- Lun	· U
SICIAN ng phy certific	Hem 18		OR CONTRIBUTING CAUSE OF DEA	5111	DAY YEAR			
PHYSIC ending this cert ie buriol		MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION			
VISI G Ph otten er th	morked	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC.) STREET	CITY OR TOV	VN COUNTY	STATE
D o see see			220.1 certify that (this hospi	tol) attended the deceased fro	m 7/0/ 19 76	? , to 7	/17 19 79 that	(we) lost
A ATTENDING hospital or off the feet of the feet for use os it is defined by the feet for use os it is defined to the feet for use os it is defined to the feet for use os it is defined to the feet feet feet feet feet feet feet	21 is		sow the deceased alive on	t) view the body after seath.	and that in (my) (our) opinio	n death occurred on the de	ote and hour and from the causes	s stoted
A P P P P P P P P P P P P P P P P P P P	Hea		22b. SIGNATURE	IT VIEW INEXCOUNT OF THE PROPERTY.	DEGREE		22c. DATE SIGN	ED
Y the AAL DI detocl	± :		the	hed llabal	HILL HATTENDING PHYSICIAN	MEDICAL STAI		1979
Se E D	YAN.		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS		12	
	MPORTAN		KHALID A	WHALWAS	Providen	of Asspir	af	
Oper Oper Oper Oper Oper Oper Oper Oper	3	23o. l	SURIAL, CREMATION, REMOVAL		31. NAME OF CEMETERY OR CREMATORY	23d LOCATION B	DETA COUNTY	STATE
5,02 BP		L'	6	3-16-79	Arbotos Men. Pk	ARpitis	Co. 11	d
DHMH - 16 50M 7/	777	24. FI	INERAL DIRECTOR	A A A A A A A A A A A A A A A A A A A			25b. RECHTRAR'S SIGNATURE	de
(VR A 15 (4))		C 1	oserk hir Kiss	22226111	Laura Alla	AR 2 U 1979	and the state of	7



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06679 STATE CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINTS 25 79 Smith Louise Ti-3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Female Black 1 8AY 05 XEAR 74 70. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City Md. USA WIDOWED DIVORCED T 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto. 4101 Penhurst Ave. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 13h COUNTY Balto. 13d INSIDE CITY LIMITS? 13. 4101 Penhurst Ave. Md. YES T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Yorkman Luvenia Frank Gross 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 4101 Penhurst Ave. Constance Nash NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), pad (PART I. DEATH WAS CAUSED BY MINA IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO F Mental Hygie 216. TIME OF INJURY 71n ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from_ the deceased alive on ., and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated (I) (we) (did) (did not) view the body after death 226. SIG TURE 22r. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3 - 26 - 7922d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should b MPORTA Roger Theodore, M.D. 711 West 40th Street 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Baltimore County. Md . 3/30/79 King Memorial Pk. 24 FUNERAL DIRECTOR

1101 E. North Ave.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 50M 1/76

(VR A 15 (4))

Wm "C March F/H

STATE OF MARYLAND

9-06679

3/30/70 Wine Memorial W. Baltimore legaty, Md.

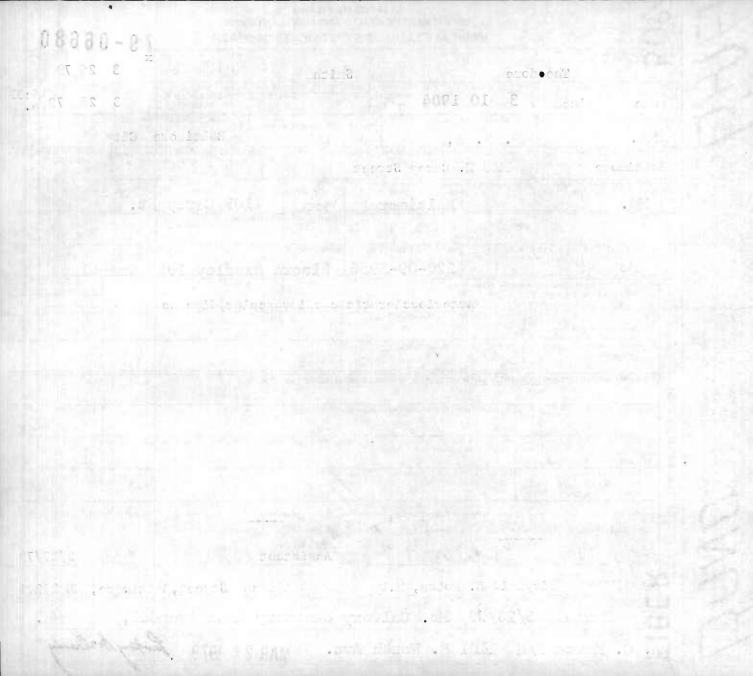
SAN KARAN ENGLANDE

24. FUNERAL DIRECTOR

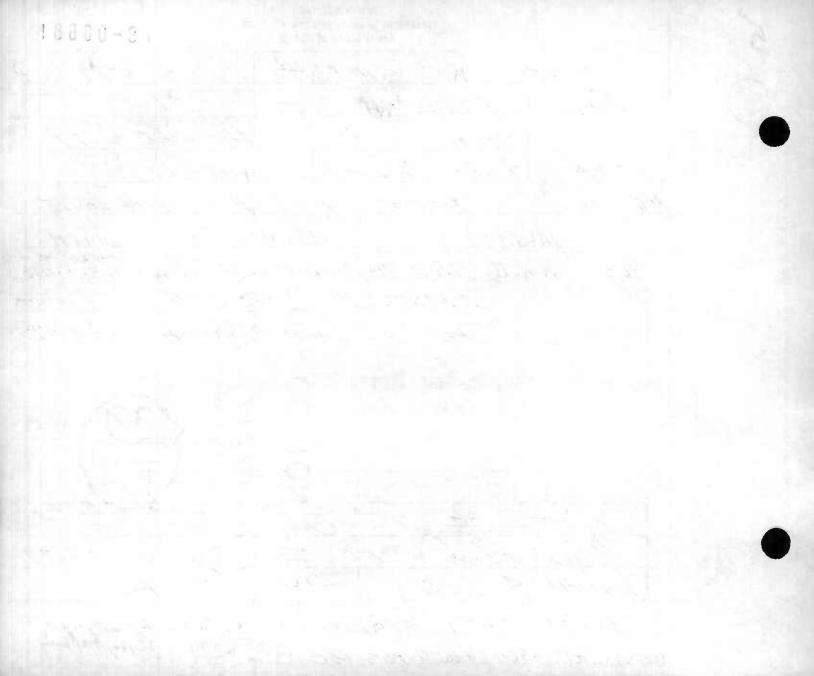
Wm. C. March F/H 1101 E. North Ave.

DHMH-17

(VR A) 5 ME (5)) 15M 7/76 STATE OF MARYLAND



STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2g. DATE OF DEATH MONTH (TYPE OR PRINT) HARLES 16 NEDI ARCH 4 RACE 5. DATE OF BIRTH 3 SEX & AGE LIN YEARS LAST BIRTHDAY! W UNDER I YEAR IF UNDER 24 HRS NONTH YEAR DAYS MALE NEGRO UGUST To. BIRTHPLACE (STATE OF FOREIGN CITIZEN OF WHAT-COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) STATES WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 136 COUNTY HIDCITY OF TOWN 13d. INSIDE CITY LIMITS? PLARSTREET Gronoze City 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST NIKNOGE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANI (YES, NO OR UNKNOWN) I IF YES GIVE WAR OR DATES APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost d PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS. CATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220 i certify that (I) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death DIRE 22b. SIGNATURE DEGREE 22c. DATE SIGNED old be detoched the Stote Dep ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LTYPE OR PRINT) 22e. ADDRESS MPORTA Migland hr en 405p-+ 23g, BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATOR 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

Day of

28-06683

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06684 - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE LAST 20 DATE OF DEATH MONTH 2b HOUR DECEASED NAME (TYPE OR PRINT) OS 6 AGB (IN YEARS LAST BIRTHDAY) PUNDENTITAR POMOFICE WILL DATE OF BIRTH 3 SEX RACE MONTH DAYE DAY YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE ISTATE OR FOREIGN NEVER MARRIED MARRIED WIDOWED 126 IND OF BUSINESS OR IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) melling PRESTON ST., BALTIMORE, MARYLAND 2120 13d INSIDECTTY LIMITS? 13e STREET ADDRESS CITY OR TOWN NO 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST FIRST 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) James Snowden 600 Whitelock St. 18 CAUSE OF DEATH (Enter only one couse per line for tal, (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. ŏ OR AS A CONSEQUENCE OF DUE TO. Conditions, if onv. which gove rise to immediate couse (o), stoting CONSEQUENCE OF DUE TO OR AS underlying couse Moore 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? W DATE OF OPERATION à IN CERTIFYING CAUSES OF DEATH? NOF YES C sho 216 TIME OF INSURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 214 ACCIDENT WAS UNDERLYING 80 HOUR A.M. MONTH DAY YEAR OR COMMISSIONS TUCKUS OF DEATH Mentol MEDICAL NOTE Y SEDIT CERAMINERS II LOCATION 2)e. PLACE OF INJURY 21d INJURY OCCURRED CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on. obove, (1) (we) (did) (did not) view the body ofter death. DIRECT 22c DATE SIGNED 22b. SIGNATURE DEGREE MEDICAL ATTENDING * DIRECTOR PHYSICIAN PHYSICIAN IMPORTANT. 22e ADDRESS 22d/PHYSICIAN'S NAME ATYPE OR PRINT) should be with the 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY (SPEERY) urial Calvary Cem. Brooklyn 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Rice 1300 Edtaw Place (VR A 15 (4))

for the same of th

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-06685

		REGISTRAR						REG.	NO.		
		CEASED NAME FIRST	1	MIDDLE		LAST		26. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
ú	,,,,,	Pasquale		Α.	Sor	rentino		March	30, 197	9	м
	3. SE	Male	4 RACE Wh	ite	5. DATE O		1913	6 AGE (IN YEARS LAST E		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER	MADDIED [9 BALTIMORE CITY		F DEATH	
5	N	aryland		S.A.	WIDOW	ED D	VORCED [Baltin	ore Cit	у	MD.
4		TY OR TOWN OF DEATH Baltimore	JIF NOT IN SUC	HOSPITAL, NURSINI THEACILITY, GIVE STREET A Nemoria	ADDRESS)		TITUTION	OCCUPA (TYPE OF WORK FOR MOS Business	OF WORKING LIFE)	126 KIND C INDUSTRY	OF BUSINESS OR
	130 S Ma	AL RESIDENCE HE NURSING HOME OR STATE 136 COUN Aryland		Baltimo	N	13d. INSIDE C	NO []		Balt.	•	
0		Charles	MIDDLE	Sorrentin			S MAIDEN NAM FIRST OSE	WIDDLE		Torchi.	
		VAS DECEASED EVER IN U.S. AR. (15, NO OR UNKNOWN) NO	MED FORCES? WAR OR DATES)	212-03-		Verta	MITTE		RESS Balt. 408 Wood		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last	DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUE	NCE OF	SUE		any at.	disease	. 1 %	IMATE INTERVAL ONSET AND DEATH
	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		WERE FINDIN	
	TIFK							YES NO	YES		OF DEATH?
1	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.,	M. MONTH DA M.	19	2) CHOW IN		ED JENTER NATURE OF IN		T 1 OR PART 2)	STATE
	4	WHILE AT WORK AT WORK 220.1 certify that (1) (this haspit saw the deceased alive on.	gl) attended th	e deceased from	3- 7	nd that in (my)	_, 19 28 (our) opinion o	to B- 1	date and haur c	78	that (I) (we) last
		above, (1) (we) (did) (did no 22b. SIGNATURE	mant	giter death.	М	1)		MEDICAL ST	AFF ICIAN 🗌	224. DATE	SIGNED 20/79
		Dr. Vijayach		Nair M.D	•	171		ford Rd. F	allston	, Md.	
	230. B	URIAL, CREMATION, REMOVAL Burial	Apr 3			Valley	Memori	23d. LOCATION CITY OR TOWN		Mary]	land

Baltimore, Maryland

DHMH - 16 50M 1/76 (VR A 15 (4))

Leonard J. Ruck, Inc.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06686 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a. DATE OF DEATH (TYPE OR PRINT) EROM & RACE 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS HOURS 30 BIRTHPLACE STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Ballito. Md. MARRIED NEVER MARRIED WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR DEPENDENCE TO WORKING LIFE) INDUSTRY opace o USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 4 Wicklow Rd Baltimore ALC: LACE LE YES Z NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ellen MIDDLE Mannion William choud. Spedden 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 166 SOCIAL SECURITY NO 17 INFORMANT Miss (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Catherine Spedden (American) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION prior 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? pe NOX YES [Hygiel Hygiel 21a. ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that LH (this haspital) attended the deceased from. DIRECTOR: saw the deceased alive an_ and that in (py) (aur) opinion death accurred on the date and hour and from the causes stated abave, M (we) (did) (did not) view the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 1724 PHYSICIAN'S NAME (TYPE ORPRINT 22e ADDRESS 155 two/a 236. DATE 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION New Cathedral Cemetery Burial Baltimore. 24. FUNERAL DIRECTOR deiling DHMH - 16 50M 7/77 ADDRESS 736 Edmondson Ave. (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-Leaper Spencer 3 DATE OF BIRTH & AGE LIN YEARS IF UNDER 1 YR. 3 SEX IF UNDER 24 HRS DATE 39 LAST SIRTHDAY PRONOUNCED 79 a. M DEAD male black 10 63 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Virginia U. S. A. DIVORCED WIDOWED [Baltimore City 10 CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY IE NOT IN SUCH FACILITY GIVE STREET ADDRESS Baltimore 401 E. 25th Street at home/ USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1136 COUNTY 401 East 25th Street Baltimore Maryland YES TO NO [VITAL 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME AGES 1, MIDDLE MIDDLE FIRST LAST Cole Goodie Lottie Spencer 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS DIVISION IYES, NO. OR UNKNOWN) PAGES 719-14-5637 Thelma Gee 638 East 37th Street No 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION (Insp) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? OF RWARDED TO THE CHII PAGE 3 SHOULD BE US STATE DEPARTMENT OF 21201 PRIORITO BURIAL, 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. If. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE NOT WHILE AT WORK 21201 P AT WORK Inspection X AL DIRECTOR: H, WITH THE S MARYLAND, 2 22a I certify that I taak charge of the remains described above, held on Autapsy Inquiry ond in my apinian Undetermined manner Accident Hamicide death resulted from TITLE (SPECIFY) EXECUTE PAGE 4 SHOWING FOR TO FUNERAL DIVERSE DEATH, V 3/3/79 Assistant SIGNATURE EXAMINER'S NAME ADDRESS111 Penn Street, Balto., MD 21201 Hormez R. Guard, M.D. (TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE 3/9/1979 Burial Westview Mem. Catonsville, Maryland Park 24. FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5)) C. March F/H 1101 East North Ave 15M 7/76

YTIG BROWLTLING

DALTIMORE SAINT AGMES MOSPITAL

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300 S. O TOD AVE-D LTG., NO 21229

DHMH-16 50M 7/77 (VR A 15 (4))

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-06690

1.	STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. IN	1-066	90	
(TYPE	ECEASED NAME FIRST W.	EARL	SPI		C	3-02	79 10	HOUR DASTA M
3. SE	Male	Cauc.	July		6. AGE (IN YEARS LAST BIR	MONTHS YRS.		OURS MIN
5 70. B	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OF BALTIMORE		ATH	MD
В	ALTIMORE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE UNION MEMORIA	L HOSP		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Fame)	F WORKING LIFE) INE	KIND OF B DUSTRY Farm	usiness or
5 130	Md.	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TOV Balt	WN .	YES 🔀 NO 🗌	3539 Net	vland Re	1. 21	218
0		M. Spies	-	15. MOTHER'S MAIDEN NAMERST Sarah	WIOOLE		hann	
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SEC 217-36-		Mrs. Elis	e E. Spie	3539	Newl	and F
	PART I. DEATH WAS CAUSE	Ally one couse per line for (a), (b), o (b) BY TE CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	JENCE OF	wid hemmen	haje		1 1	EINTERVAL ET AND DEATH
NOI	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1(o)	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERI IN CERTIFYING (YES [CAUSES OF	
MEDICAL CER	2 to, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR	PART 2)	
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC.]	21f. LOCATION STREET	CITY OR TOV	vn cou	INTY	STATE
	sow the deceased alive on	ital) attended the deceased from, 3 - 2 19 19 19 19 19 19 19 19 19 19 19 19 19	79 . or	nd that in (my) (sur) opinion of	, to deoth occurred on the d		rom the cou	
	The SIGNATURE	wo	8		MEDICAL STA	FF .	3 - 2 -	
	ROY 2. BR	AUNTRIN	MD	20/ E. UN	IIV. PKW9	BALT	, Me	1-21218
23a. (Burial, CREMATION, REMOVAL (SPECIFY) Burial	Man E TOTO	Dmii	emetery or crematory d Ridge Cem	23d LOCATION CITY OF TOWN Pikesvi	lle Bal	to.	Md.
	UNERAL DIRECTOR NAME Henry W. Jeni	kins &Sons D	4905	York Rd 250. DATE	E REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE ALORE	ande!

79-06690			
4 N. W. CO.			
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3539 Newland Ed. 21218		eg	.bH
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			Laterel

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 2a. DATE KNOWN X 7b HOUR (TYPE OR PRINT) OF ESTI-S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FLEES D, WITHIN 72 HOURS W. PRESTON STREES. Baby DEATH MATED Donte Spriggs 2819 4. RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR 2d HOUR 8;32A IF UNDER 24 HRS DATE PRONOUNCED 1979 Male Black 8 DEAD 2819 79 VRS To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U. S. A. Baltimore City, WIDOWED DIVORCED 3 FILED, TO THE P ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore City Johns Hopkins Hospital BE RECORDS, RETAIN USUAL RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD 130. STATE Md. TISH COUNTY 13d. INSIDE CITY LIMITS? 3017 Woodland Ave. NO F VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1. 2 MIDDLE Rodney MIDDLE AND LaVerne Snead FORM OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) PAGES No LaVerne Snead 3017 Woodland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE. Sudden Infant Death Syndrome IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF DEPARTMENT OF YES X NO [BE 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY STATE GE 4 SHOULD BE STORE FOR THE STEEL DEATH, WITH THE STEEL DEATH, WITH THE STEEL MARYLAND, 21 ook charge at the remains described above, held on Autopsy Inquiry ond in my opinion Homicide Undetermined monner TITLE (SPECIFY) ACTUAL M D DeputyChiefEDICALEXAMINER DATE 3/28/79 SIGNATURE Thomas D. Smith, 111 Penn St. EXAMINER'S NAME Balto., MD. (TYPE OR PRINT) 0 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 3/31/79 STATE Arbutus. Md. Arbutus Cemetery 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. BESISTRAR'S SCHAPERE **DHMH - 17** C. March F/H 1701 E. North Ave. 1979 VR A15 ME (5) 30M 7/73

Belgimore LXx 2017 Confined Atc.

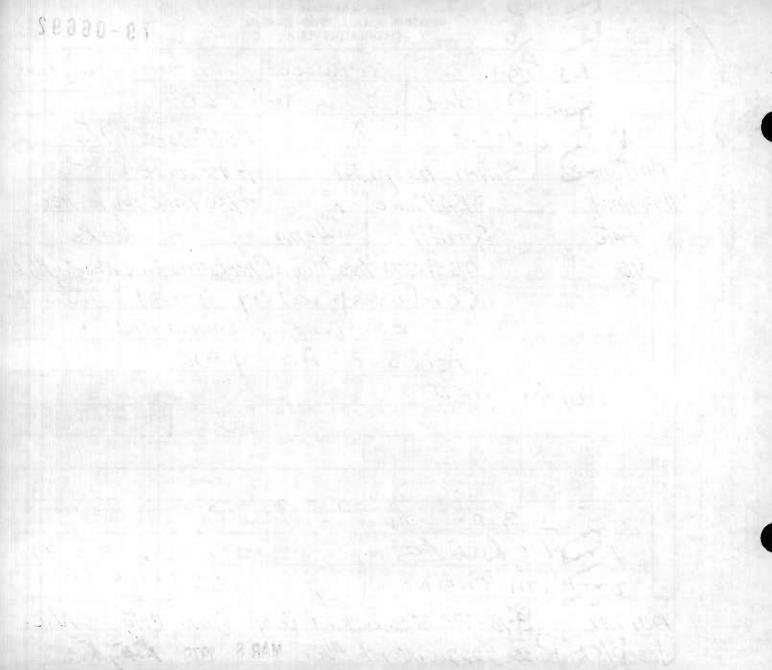
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06692 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME MIDDLE 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) GTORA MARCH STAN 3. SEX 4 RACE 5 DATE OF 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAYS HOUR5 8 70 BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 4 MARRIED NEVER MARRIED WIDOWED DIVORCED [CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 12a. USUAL OCCUPATION TYPE O WORK FOR MOST OF WORKING LIFE! INDUSTRY. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b COUNTY PATTY OR TOWN 13d INSIDECITY LIMITS? 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES SOCIAL SECURITY NO 17 INFORMANT (YES, HO ME NKNOWN) [(IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH Enter only one couse per lige (or (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ă IN CERTIFYING CAUSES OF DEATH? NOT YES [NO [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 2 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 00 22a. I certify that m (this hospital) attended the deceased from. 05 sow the deceased alive on 701 , and that in (ary) (our) opinion death accurred on the date and hour and from the causes stated above, (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED -MEDICAL ATTENDING FUNERAL uld be deto MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME NYPE OR PRINT! 22e ADDRES HUSPITAL 230. BURIAL, CREMATION, REMOVAL 236. DATE NAME OF CEMETERY OR CREMATORY CITY OR TOWN 24 FUNERAL DIRECTOR 250 DATE REC'D DHMH - 16 50M 7/77 NAME MAR (VR A 15 (4))



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	-06693
		CEASED NAME FIRST	ph Ebbert SPURRIER 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	3 SE)		4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Male Male	Caucasian 08 16 1899 79	MONTHS DAYS HOURS MIN.
6		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED R NEVER MARRIED BALTIMORE CITY OR COUNTRY? 8 MARRIED DIVORCED BALTIMORE	
5		BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVESTREET ADDRESS) SOUTH BALLIC OLD GOVERNM COLUMN TO THE OF WORK FOR MOST OF WORKING NEUTRON NE	G LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Carpenter
4	13a. S	TATE D 136, COUN	AA Hanover YES NO Dld DORSE	y Road
20		DIFFY	MIDDLE SPURRIER SPALLY MIDDLE	EBBERT
2		VAS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (15 YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS SEWAR OR DATES! 218-07-4805 PATIENT SAM	E AS ABOVE
			nly one cause per line for (a), (b), and (cf) 1D BY: TE CAUSE (a) HEMORRABIC INFARET Right	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CEREBRAL
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF OTHE	eralised TER
	NOI	PART 2 OTHER SIGNIFICANT C	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
/	CERTIFICATION	190 DATE OF OPERATION		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES X NO
/	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	18, PART I OR PART 2)
	MEDI	21d. INJURY OCCURRED WHILE ONOT WHILE OF AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN	COUNTY STATE
	Ħ	22a.1 certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did not	ital) ottended the deceosed from $03-19$, 19 79 , to $03-79$. 19 79 , to $03-79$, and that in (my) (our) apinion death occurred an the date and it view the body offer death.	n, 19 7 9, that (1) (we) lost hour and from the causes stated
		226. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	221. DATE SIGNED 03-22-79
		22d. PHYSICIAN'S NAME (TYPE OR	AREM. 220 ADDRESS Boulle Baltura	Gent hosp.
	(5	URIAL, CREMATION, REMOVAL	CITY OR TOWN	COUNTY
		Burial UNERAL DIRECTOR	26Mar.79 \$t.Pauls Ch. Cem. Uniontown Compared to Pauls Ch. Cem. Uniontown Ch. Cem. Uniontow	Carroll,Md.
		NAME	ckley, Glen Burnie, Md. MAR 27 1979	itray Metreody

DHMH - 16 50M7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled wit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ottending physician

IMPORTANT: If Item 21 is marked or Item 18 shaws ony injury, or other troumotic event, the

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be natified at ance

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

06694

W	-1-	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	1 0	-000	3 4
8		CEASED NAME FI	RST	М	DDLE	i	AST	20. DATE OF DEATH	MONTH DA	Y YEAR 2	h HOUR
			ARIE			S	meh		3-2	1-79	9 A M
	3. SE		4. R/	ACE		5 DATE C		6 AGE (IN YEARS LAST BE			FUNDER 24 HRS
	F	emale	C	aucas	ian	Apr		80	YRS.	DNIHS DATS	NIN MIN
		RTHPLACE (STATE OR FOREIG	3N 76 C	ITIZEN OF W	HAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
17		hez.		.S.A.		WIDOWE	DIX DIVORCED	Baltimo	re Cit	у,	MD.
	10 CI	TY OR TOWN OF DEATH			OSPITAL, NURSING		OR OTHER INSTITUTION	12g USUAL OCCUPAT		12b. KIND OF I	BUSINESS OR
10		altimore	E	dgewo	od Nurs	ing	Home	Housewi:	fe '	Home	
	USU /	AL RESIDENCE (IF NURSING I	COUNTY		SIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
5	M	aryland			Baltimo	re	YESX NO 🗆	3605 Par	ckside	Drive	21206
	14 FA	ATHER'S NAME FIRST	MIDDLI	E	LAST		15. MOTHER'S MAIDEN NAM FIRST	AE MIDDLE		LAST	
20		James Si	lt				UNKNOW				
	(Y		J.S. ARMED YES, GIVE WAR		166 SOCIAL SECUI		17 INFORMANT	ADDF			
1	N	0	_		212-74-	9536	Emilie M.H	unter (dg	tr)sam		
		18 CAUSE OF DEATH (E PART I. DEATH WAS	CAUSED BY	11	RtPPIN	110	rotic CARd	10-11150	a h nor	BETWEEN ON	SET AND DEATH
		14242	MEDIATE CA		AS A CONSEQUE			The STATE OF STATE OF	7177		70.00
		Conditions, if ony, wh		(b)	TPHER	AT 6	Arterios c/	PROSIS.			
		gave rise to immedi	ote	DUE TO OR	AS A CONSEQUE						
		underlying couse li	ost.	(c)	A0 A CO! 10E GOE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		PART 2 OTHER SIGNIFIC	CANTICONE	DITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVE	N IN PART 1(a)	
	O										
	CERTIFICATION	190. DATE OF OPERATION	4	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?		WERE FINDING	
9	RTIF							YES NO	YES		NO 🗌
9	CAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH		. MONTH DA		21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18, PAI	RT 1 OR PART 2)	
	DIC.	(IF EITHER, NOTIFY MEDICAL EX 21d INJURY OCCURRED		P.M 21e PLACE O		19	211 LOCATION				
	MEDI	WHILE AT WORK			ET, FACTORY, OFFICE, F	ARM, ETC.)	STREET 6	CITY OR TO	N. /	COUNTY	STATE
		22s.1 certify that (I) (this	Same to Francisco	un stran	1 / 11 -	7	1111		111	-/-	ot (I) (we) lost

73b DATE

ATTENDING PHYSICIAN 22e. ADDRESS

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

MEDICAL STAFF DIRECTOR PHYSICIAN

COUNTY

22c. DATE SIGNED

DHMH - 16 50M 7/77 (VR A 15 (4))

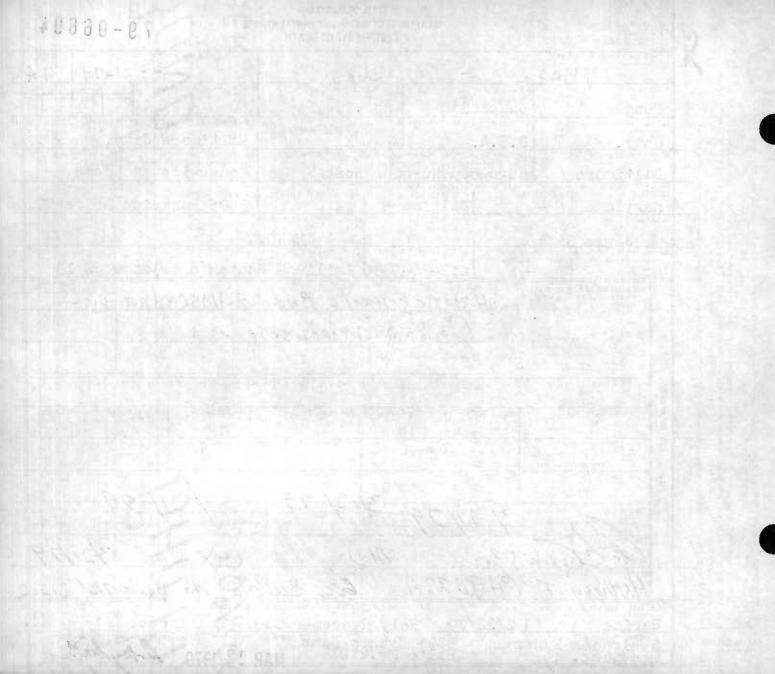
Burial Schamunek Home, Inc. Funexal

230. BURIAL, CREMATION, HEMOVAL (SPECIFY)

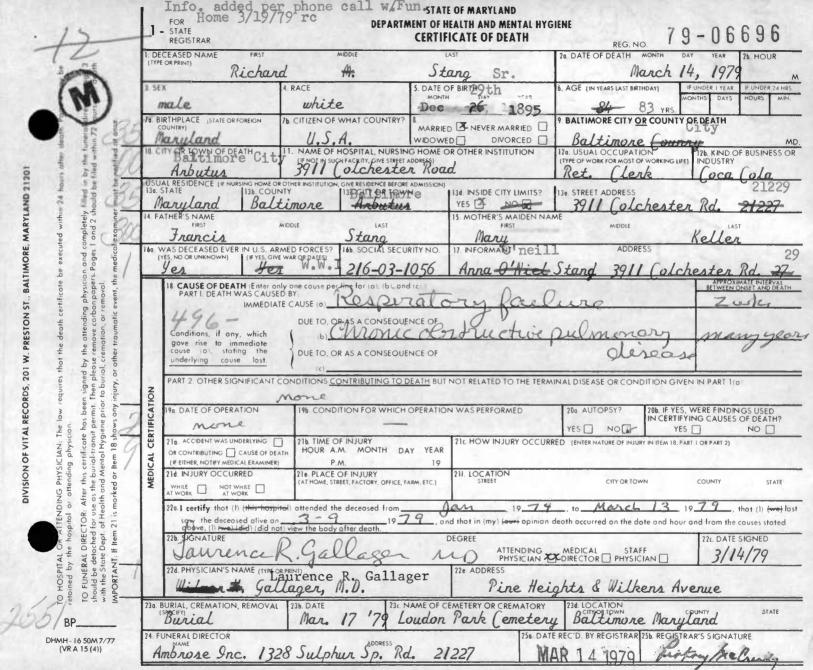
3331 Brehms Lane Balto.Md.21213

23d LOCATION CITY OR TOWN
Baltimore, Redeemer Cem. 250, DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Md.



- /	1		#18a-22a	Film G530 4,									
16	11-	FOR STATE				EALTH AND ME			7	79-	06	69	5
29 .		REGISTRAR	F FIRST	MEDICA		R'S CERTIFIC	LATE OF DE		REG. NO.				
Die		CEASED NAMI	Eva	winde		Stachowia	k	28. DATE KN OF I DEATH M	ESTI-	монтн		79	Zb. HOUR
A SHAPE	3 SEX		4 RACE	5. DATE OF BIRTH MONTH DAY YEA	6 AGE IN YEAR	S IF UNDER TYR.	IF UNDER 24 HRS.	2c. DATE		нтиом	DAY		2d. HOUR 9:00 P M
6,000		male	White	3 14-196	5 64 YRS		HOURS MIN	DEAD		3		79	PM
● 884 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	FC	RTHPLACE IS REIGN COUNTRY) PARYL	, ,	76. CITIZEN OF WHAT CO	DUNTRY?	MARRIED NEV	VER MARRIED W	9. BALTIMO	timor	100		TH	MD
S S S S S S S S S S S S S S S S S S S	10. C	1timor	OF DEATH	TI. NAME OF HOSPITAL,	IVE STREET ADDRESS)		TION 12a, US	MAL OCCUPA MOST OF WORKIN	(C. LIEE)	OF WORK	OR IN	OF BUS	INESS
ROS BE	USU	L RESIDENCE	(IF IN NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDE		4)	130			XS		regi	4/////
21201 2: AND DELA 2: AND 3 TO 3: RETAIN PA 5: HOULD BE F 1. RECORDS 3	150. S	ma	BA	470 13c. C	CITY OR TOWN	YES 🗌	TY LIMITS? 13e. STE	11 WC	adl	AR	DI	DRI	WE
O T . N A D M	14. F/	THER'S NAME	han	MIDDLE CHAN	hound	15. MOTHE	R'S MAIDEN NAM	E MIDE	DIE	n	LAST	A	
PAGE ORM N OF	lás V	VAS DECEASE	D EVER IN U.S. ARM	AED FORCES? 16b. S	SOCIAL SECURITY	NO. 17. INFORM	MANT	0/-	ADDRESS .	16	17/	784	NE
BALTIMORE, MI URS AFTER DEATH WITH FORM PAW PAGES 1 AND PAGES 1 AND DIVISION OF VIT		no		- de	15-07-1	PAGEIL	FER)	CODIN.	3012)/	AC	15	
		18. CAUSE C	EATH WAS CAUSED	A CHITA		gastroin	testinal	hemorr	hage		BETWEEN	N ONSET	AND DEATH
HIN 24 HO IN ITEM 1 R ALONG ISIT PERMIT HYGIENE,	1	883	IMMEDIAT	E CAUSE (a)			ating hij						
PREST VITHIN NER A ANSIT	1	gave ri	ns, if any, which ise to immediate	(b)									
55, 301 W. PREST XECUTED WITHIN G". IN PENCIL IN CAL EXAMINER A BURIAL: RANSIT AND MENTAL HY ON, OR REMOVA		lying cau) stoting the <u>under-</u> use last.	DUE TO, OR AS A C	ONSEQUENCE OF						34.1		
EXEC FXEC 4G" ICAL ICAL A BUR		PART 2 OTHER SI	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT	RELATEO TO THE TERMIN	AL DISEASE OR CONDITION	GIVEN IN PART 1 (a).						
AED	CERTIFICATION												
AL SELECTION	FICA	196. DATE OF	OPERATION	196. CONDITION FO	OR WHICH OPERA	TION WAS PERFOR	MED?				20 AUT		
OF VITAL OF VITAL OF VITAL THE CHILD BE US ARENT OF	ERT	216. EXTERNA	AL CAUSE WAS	21b. TIME OF INJUR		2Tc HOW INJURY	OCCURRED (ENTER	NATURE OF INJUR	RY IN ITEM 18 P.	ART 1 OR PA		K	NO [
IFICA THE TO THE ARTME		UNDERLYING CONTRIBUTI	OR CAUSE OF D	HOUR A.M. MON	2/22/19 79		ice						
DIVISION OF VIT. HIS CERTIFICATE SH WRITING THE WORR ARDED TO THE CF GE 3 SHOULD BE 1 VIE DEPARTMENT OF OUR PRIOR TO BURLANT OF PRIOR TO BURLANT OF THE OFFERTMENT OFFERTMENT OF THE OFFERTMENT	MEDICAL	WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJUSTREET, FACTORY, FAR		1700 W	oodland I	or Ba	ltimo	re co	UNTY 1	ld.	STATE
DIV INER: THIS CI ICATE, WRITH E FORWARDE E FORWARDE TOR: PAGE 3 THE STATE 0 ND, 21201 PR		DOLLAR BOOK		e af the remains described	abave, held an	Autopsy X	Inspection ,	Inquiry [, one	d in my op	oinion		
		death result	red from Noty	al couses , Acade	ent A. Seic	Homic	tide . Unde	elermined mon	ner .				
MEDICAL EXAMIN ECUTE THE CERTIFIC GE 4 SHOULD BE FUNERAL DIRECT TER DEATH, WITH T		ACTUAL SIGNATURE	Chi	mas D	Type	M.D. Dept	uty Chief	E DICAL EXAMIN	VER	DATE	3/	21/	79
MEDICA UTE THE SHOWER, WE DEAT		EXAMINER'S	NAME Tho	mas D. Smith	M.D.	9			Penn	Stre	et		
TO ME EXECU PAGE TO FU AFTER BALTIM	23a, B	(TYPE OR PRI	TION, REMOVAL 2		The second secon	ADDRESS ETERY OR CREMATO	DRY JEE	OCATION	r citi	con		47:	16 /
BP	(BUK	PIAH	3-24-79	HOLY F	SARYC	Em 1	3887	0			11.	2
DHMH - 17 /VR A15 ME (5))	24. F	UNERAL DIREC	mule	her Kan	chan	ONE CIEN	O. MAR 2	3 1979	REGIS	itre	ne.	read	
15M 7/76	1	1111111	I la What	RICK	21100	11-11	- N	0 10/ 0	1	-			



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1906-2042 me. 1925 July me son ce. 2/22/ 1 - 110 5 1-00 1 Comment

1101 North Ave.

C. March F/H

(VR A 15 (4))

STATE OF MARYLAND

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and the same of the same	The Contract of Secretary.	
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STATE OF MARYLAND FOR 79-06700 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH I. DECEASED NAME MIDDLE TYPE OR PRINT LEHMAN STEIN MARCH 1, 1979 4 RACE A AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS HOURS MALE WHITE NENOWN BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED THEVER MARRIED BALTIMORE CITY GERMANY WIDOWED DIVORCED [O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORK SALESMAN POLAND & KATZ UNIVERSITY PARKWAY. #905 BALTIMORE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) APT. 13b COUNTY BALTIMORE 13a STATE E. UNIVERSITY PARKWAY #21218 MARYLAND 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT MRS. LOLA STAGONESS 16h SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) #21218 E.UNIV. PKWY.. APT. 905 8 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY. arteriosal IMMEDIATE CAUSE 10 AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONDITION GIVEN IN PART ICO CERTIFICATION IN CERTIFYING CAUSES OF DEATH? YES [NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 210 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 7%. DAJE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) FUNE old be h the St BALTO., MD 21218 JUNIPER RD. DR. SAMUEL MORRISON 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION ENTOMBMENT COUNTY MARYLAND LORRAINE MAUSOLEUM BALTIMORE 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) 6010 REISTERSTOWN RD.

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-06701

40	100	REGISTRAR		CEKITE	ICATE OF DEATH	REG. NO.	13-00	101
		CEASED NAME FIRST	WIODLE	i	AST	20. DATE OF DEATH MO	NTH DAY YEAR	2b. HOUR
	(TYPE	LAURA		STE	LMACK	MARCH 31	, 1979	12:45B
11.0	3. SE)	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDA		
		Female	White	Feb		83	YRS.	YS HOURS MIN.
	70 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR	OUNTY OF DEATH	
27		oland_	U.S.A.	WIDOWE	45	Baltimore	City,	MD.
		TY OR TOWN OF DEATH altimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Church Hospital	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI Housewife		O OF BUSINESS OR
33	13a. S	aryland 136 COUR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 130. CITY OR TOW Baltime	N ·	13d INSIDE CITY LIMITS? YES MO [13. STREET ADDRESS 1818 E. Lor	nbard Str	eet
	-	ohn Kowalski	MIDDLE LAST		Anna -	wiDore widore		LAST
		VAS DECEASED EVER IN U.S. AR	WAR OR DATES		17 INFORMANT	ADDRESS		
		No -=	220-03-	8023	Melvin Stelm	ach 1740 Bro	ookview R	d. 21222
		PART I. DEATH WAS CAUSE	(c)	ART	RDIAC ARRES ERIOSCLEROT LECT CAR ABETES MELL S Mell-	PIC CARDIOV.	ASCULAR	DISEASE
, A. C.	NOI	9-29-79 2-29-79	CONDITIONS CONTRIBUTING TO D	W Tul	NOT RELATED TO THE TERM	BK AMPUTA GANGRENE	TION, RI	GHT
2	CERTIFICATION	3 - 20 - 77	LUMBAR SYN	APATTY A Che of	ECTOMY**	20a AUTOPSY? 72	Ob. IF YES, WERE FINI N CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO [
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR	. 21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	I ITEM 18, PART 1 OR PART 2	?)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a.l certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no	tal) attended the deceased from MARCH 31, 19		d that in (my) (our) apinion o	, to MARCH		
	Z	226. SIGNATURE	- Ca	. b	ATTENDING PHYSICIAN		N 🔯 3-	31-79 -37-79
		PHYSICIAN'S NAME (TYPE O		EE, M	22e. ADDRESS CHUR D. 100 N. E	RCH HOSPITA BROADWAY, B		
1	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		Burial	Apr 3, 1979 H	oly F	Rosary Cem	Baltimore	, Maryla	
H		JNERAL DIRECTOR	ADDRESS			REC'D. BY REGISTRAR 25h	HISTRAR'S SICK	ATURE
	Di	ppel Brothers.	, Inc. 7110 Bel	air F	Rd. 21206 APR	2 1979	contrata Me	cready

DHMH-16 50M 7/77 (VR A 15 (4))

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	Tallwarenen.	Les	Siarci C	DED PARTEE.
Jauri	lil scobard	a tonu		00-15,700

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-06702

		REGISTRAR				ICAIL OF D		REG. N	0.			
	I DE	GEASED NAME FIRST	e	4. S7	tevi	enso	N	20. DATE OF DEATH	3 10	79 79	26 HOUR 215/4	~ M
	3 SE	×m	4 RACE		5. DATE C	,	YEAR	6. AGE (IN YEARS LAST BIRT		NDER 1 YEAR	IF UNDER 24	MIN
		///	15		Y	4_	3	/5	YRS			
7/	7a Bi	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER M	ARRIED -	BALTIMORE CITY C	R COUNTY OF	DEATH		
1		N.C.	U.S.A	1.	WIDOWE		ORCED	CITY				MD
8	10 0	BALTIMORE		HOSPITAL, NURSIN		SITU	LISP.	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O		12b KIND C INDUSTRY	OF BUSINES	SOR
5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE U36 COUR	R OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CIT	Y LIMITS?	13e. STREET ADDRESS 1046 Elli	cott I)r.		
6	14 FA	ATHER'S NAME	ALIDDI F	1.657			MAIDEN NAM					
g_1	т	om		Stevenso	n	Jane	RST	MIDDLE		Tyr		
1		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUI		17 INFORMAN		ADDRE	SS		20	
	()	yes, no or unknown) (if yes, giv	E WAR OR DATES)	216-10-	2127	Mrs.	Thelm	a Stevens	son 104	16 E]	llico	ŧŧ
		18 CAUSE OF DEATH Enter or	nly ane cause per	line far (a), (b), and	lic		,			APPROX BETWEEN	ONSET AND D	AL EATH
		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	MYOCAR	DIAL	- INFAR	MON			5	min	
		IMMEDIA										
		410-	DUE TO, O	r as a conseque	NCE OF							
		Canditians, if any, which gave rise to immediate	b)		_						-	
		cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF				100			
		underlying cause last	((c)									
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	O THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	N PART 1	a	-
Н	CERTIFICATION	SMALL CE	u uns	OFFEREN	TIATE	ED CAL	LUNOM	A- LUNG				1
3	AT	19a DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO			20a AUTOPSY?	20b. IF YES, W	ERE FINDI	NGS USED	
7	Ĕ							YES NOT	IN CERTIFYIN		OF DEATH	1?
-	ER	21g. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY		21c HOW INJ	URY OCCURRE	D (ENTER NATURE OF INJU			140	
M		OR CONTRIBUTING CAUSE OF DE	110110	M. MONTH DA	Y YEAR			(4	,	C		
	Š.	(IF EITHER, NOTIFY MEDICAL EXAMINER		M	19							
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATIO STREET	N	CITY OR TOV	VN	COUNTY	STAT	TE
	~	AT WORK AT WORK										
		22a.1 certify that (I) (this hasp	ital) attended th	e deceased fram_			, 19		, 19_		that (1) (we	e) last
		saw the deceased alive an		19	, ar	nd that in (my) (our) apinian di	eath accurred on the d	ote and haur an	d fram the	couses state	ed
		abave, (I) (we) (did) (did pa	the way	other death.		DEGREE				22c. DATE	SIGNED	
		MIN	THE			MM AT	TENDING _	MEDICAL STA	FF A			
_		and privered the state	WH		/		HYSICIAN [DIRECTOR PHYSIC	IAN			
L		22d. PHYSICIAN'S NAME (TYPE	With the same			22e ADDRESS			,			
		CHARLES E	K166	S. TR.						100		
	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR C	REMATORY	23d LOCATION				
	(Burial	3-15-	70 Kir	no Me	emoria:	l Pk	Baltimon	e	NIY	Md.	
	24 FI	UNERAL DIRECTOR	レーンー	12.11	. D 1116	7 . 12 V J. J. Cl.	25a DATE		25b. REGISTRAR	'S SIGNAT	TURE	
	-	NAME	5209 Y	ADDRESS			MAD	1 6 1070	Pik	. No	Crevolis	
	20	amuel T. Redd	7209 I	ork Rd.			MHI	1 0 13/3	broth	yrran	7	

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR

The state of the s



SHOULD ASHAD SINGS

LEAR BOTH PRINCE YES VALUE OF BUILD HARD

attending physician and campletely filled in by the funeral director, page 3 nave carbonpapers. Pages 1 and 2 shauld be filed within 72 haurs after death

STATE	OF M	ARYLAND
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	FOR STATE REGISTRAR	DEPAR	RETMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	06704
1. (DECEASED NAME FIRST (TYPE OR PRINT) TAMES	CHRISTIAN	STREIT	3-26-	79 2:40 PM
	MALE	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR 5 /1 87	6. AGE (IN YEARS LAST BIRTHDAY) YRS	
3	a. BIRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	Baltimore City or coun	MD.
40 1	Battimere, lea	St. AGNES LLOS	se tal Caton Ave.	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING RETURN JANEANS	a. 500s
30	Md 21228 Ba	e or other institution, give residence by 13t. Eleconor 13	14 YES NOXX	130. STREET ADDRESS.	Ave
30	father's NAME first A mes	Brown Stre	15. MOTHER'S MAIDEN NA FIRST Anna	V. MIODLE	Chamberlain
2 16	60 WAS DECEASED EVER IN U.S. (YES, NOOR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES) 16b. SOCIAL SE 2/3-09		avey, 23 Fusting	Ave. 21228
	PART I. DEATH WAS CAI	r only one couse per line for (o) (b), USED BY: DIATE CAUSE (o)	CARDIAL INF	-ARCTION	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEG	OPERATIVE	E ANESTHES	3/4
		T CONDITIONS CONTRIBUTING TO	ODEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION C	GIVEN IN PART 1(0)
9	UP DATE OF OPERATION 3 - 26 - 7 210. ACCIDENT WAS UNDERLYING	9 FX LEF	CHOPERATION WAS PERFORMED	YES NO NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
/	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MONTH NER) P.M.	DAY YEAR 19 21f LOCATION	RED (ENTER NATURE OF THE NEW YORK	San
9	AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
9	sow the deceased alive	ospital) attended the deceased from an19	ond that in (my) (our) apinion	death occurred prishe state with	
	The SIGNATURE D	4. Bde		MEDICAL STAFF DIRECTOR PHYSICIAN	3-26-79
1	22d PHYSICIAN'S NAME (TY	BUDEIR,	M.D. ST. AG NE	ES HOSPITAL	
2.	30. BURIAL, CREMATION, REMOV (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Tt. Hebron Cemetery	23d LOCATION CITY OR TOWN Winchester	COUNTY STATE Virginia

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanapee with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital ar attending physician

DHMH - 16 50M 7/77 (VR A 15 (4))

Virginia

Witzke Funeral Home of Catonsville, P.A. 21228 BY REGISTRAR 256. REGISTRAR'S SISNATURE 24 FUNERAL DIRECTOR

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-06707

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	3 - 0 0 1 0 1
I DECEASED NAME FIRST	WIOOLE	LAST		AY YEAR 26 HOUR
MARY STROT			3-1	0-40 11:21.8.
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE	WHITE	MAYNTH 28, 1897 YEAR		AONTHS DAYS HOURS MIN.
70: BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
MARYLAND	USA	WIDOWENER DIVORCED	BALTIMORE CITY	MD.
BALTIMORE	EDGEWOOD NURS IN	G HOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE SECRETARY	126. KIND OF BUSINESS OR INDUSTRY
MARYLAND BAI	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE TOWS ON TOWS ON		13e. STREET ADDRESS 8110 RIDER AVE.	21 204
WILLIAM	MCKEOWN ST	15. MOTHER'S MAIDEN NA KATE	ME	BANAGHAN
160 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRESS	
NO	215 16 6	325D ANNE T. STRO	TT 8110 RIDER AVE	
18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one cause per line for (o), (b), one	dien , la		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	TE CAUSE (0) Kreusse	uch stroke		1200
4292	DUE TO, OR AS A CONSEQUE	NCE OF		
Conditions, if ony, which	(16) Asterios	relesofie CV Drs	une	10+ year
gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
underlying couse last	(6)	1100		
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 1(o)
			les mullitur	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, P.)	
OR CONTRIBUTING TO CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR		an i on tant of
(IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
	pital) attended the deceased from_	2-16 1074	10 3-10	19 79 , that (I) (we) lost
sow the deceased alive a	arry .	, and that in (my) (e) opinion	death occurred on the date and hour	
22b. SIGNATURE	000	DEGREE		22c. DATE SIGNED
1 rederich	A Vollencer	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3-10-79
22d. PHYSICIAN'S NAME (TYPE	ORPRINT)	22e ADDRESS		
FREDERICK V	VOLLMER	6100 YOR	CK RD BALTIMON	E MD 21212
230 BURIAL, CREMATION, REMOVAL (SPECIFY)	L 23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BURIAL	MAR. 14.1979 DUI	LANEY VALLEY CEM.	COCKEYSVILLE_BA	LTO. MD.
24. FUNERAL DIRECTOR	ADDRESS	25 4 2	DREC'D BY DECISTRAR IN	AR'S SIGNATURE
	D HOME 6500 YORK	RD.	- TO 1919	7/14 Ownerly

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the buriol-transit permit, with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If Item 21 is marked or Item 18 shows any

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IMPORTANT: If them 21 is marked or them 18 shaws any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF DEA	ATH	REG. NO	o. (9-116	108
	CEASED NAME	FIRST	N	NODLE	L	AST		2a. DATE OF DEATH	MONTH D	AY YEAR	26. HOUR
		RANCI	S DE	KALB	STU	IRGE ON	157		3 3	0 79	12 PM
3 SE	x Female		4 RACE White		S. DATE C		9YEAR	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
7a BI	RTHPLACE (STATE OR FO	DREIGN		WHAT COUNTRY?		D NEVER MA		9. BALTIMORE CITY O BALTIMOR	_		
	New York ITY OR TOWN OF DEA BALTIMORE	(TH	(IF NOT IN SUCE	OSPITAL, NURSIN H FACILITY, GIVE STREET A MEMORIA	ADDRESS	OR OTHER INSTITU	JTION	17a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Practical	ON F WORKING LIFE	126. KIND C	MD. DE BUSINESS OR
, 13a. S	AL RESIDENCE (IF NURS STATE Maryland	136 COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimore	N	L. L.	0	13e. STREET ADDRESS 815 Beaum	1835		
.14 F.A	ather's name first Un 1	known	WIDDLE	LAST		15. MOTHER'S M	ST	nknown		tA:	ST
	NAS DECEASED EVER YES, NO OR UNKNOWN) NO		RMED FORCES? E WAR OR DATES)	220-07-3		irs. Pea		Stewart	ss Same		IMATE INTERVAL ONSET AND DEATH
NTION	Conditions, if ony, gove rise to imm couse (o), stofin underlying couse PART 2. OTHER SIGN 190 DATE OF OPERA:	nediate ig the lost.	(c)CONDITIONS CO	R AS A CONSEQUE	DEATH BUT		1997	INAL DISEASE OR CON		EN IN PART 10	
CERTIFICATION	Gostreste	muy.	ube ma	bilita	A 511	vollow		YES NO NO	IN CERTIFY YES	YING CAUSES	
EDICAL CE	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DE		N. MONTH DA	YEAR 19	21f. LOCATION		ED (ENTER NATURE OF INJUI			
ME	WHILE NOT WE	HILE	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	-8/1	CITY OR TOV	VN	COUNTY	STATE
	22a. I certify that (I) sow the decease above, (I) (was (c	ed alive or	2/00	19_		DEGREE	ending _	medical stal	FF .		that (I) (a) lost couses stated
O	JOSEPH I		ONIO, M.	D.		22e ADDRESS	NI ON	MEMORIAL H	100	AL	/ /
	BURIAL, CREMATION,	REMOVA				EMETERY OR CRE	EMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	Cremation UNERAL DIRECTOR tchell-Wie	defel				n Mount k Rd. 21		I Baltimor E REC D. BY REGISTRAR R 3 1979			ready

BP. DHMH-16 50M 7/77 (VR A 15 (4))

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or ottending physician

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9-06709 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST L DECEASED NAME 2a DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) HENRY SUCHANEK MARCH 12 1979 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH DAYS HOURS 11.1914 Male Caucasian Jan. BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Maryland U.S.A. BALTIMORE CITY WIDOWED DIVORCED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore THE JOHNS HOPKINS Clerk HOSPITAL Steamship DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 136 COUNTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 2827 E.Madison St.21205 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Adolph Suchanek Anna Preborski 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO I HE YES, GIVE WAR OR DATES! Yes W.W.II Betty Suchanek (wife) same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I, DEATH WAS CAUSED BY: CO:00 IMMEDIATE CAUSE to OR AS A CONSEQUENCE OF 1 VOCARDIAL INFARCTION Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF. YES, WERE FINDINGS USED 20a AUTOPSY? INCERTIFYING CAUSES OF DEATH? NOT YES [NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21f. LOCATION ?le PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a.l certify that (I) (this haspital) attended the deceased fro sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after neoth 22h, SIGNATURE DEGREE 72c DATE SIGNED * ATTENDING MEDICAL STAFF be deta FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore. COUNTY 形的 Burial Gardens of Faith 250, DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE 24 Sylffairffffek Funeral 3331 Brehms Lane DHMH - 16 50M 7/77 (VR A 15 (4)) Balto.Md.21213 Home.Inc.

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1-	FOR STATE REGISTE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	CEACED NIAME									
	CEASED NAME	FIRST		WIOOLE	LA	AST	20 DATE OF DEATH	MONTH	OAY YEAR	26. HOUR
(IAbF	OR PRINT)	loa NI		Sus:	ini		3	3/2	5/79	2:25
3 SEX	x	1	RACE		5. DATE O	F BIRTH	& AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	E IF UNDER 24
	F		Wh	ite	MONTH	ly 29, 1964	74	YRS	MONTHS DAYS	HOURS
7a. BI	RTHPLACE (STATE O	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVER MARRIED	BALTIMORE CITY	OR COUNT	Y OF DEATH	
	210	101			WIDOWE		REG. NO. 20 DATE OF DEATH MONTH OAY YEAR 25 HOUR 3 3/25/79 2:25PA 4 AGE (IN YEARS LAST BIRTHOAY) WONDER I YEAR # UNDER 72 HRS 7 A			
1	SALTIMOR		(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET AI AGNES HO	DDRESS)		TYPE OF WORK FOR MOST		FE) INDUSTRY	1
USU/ I3e S	AL RESIDENCE IN NOTATE Md	IRSING HOME OR OTH	HER INSTITUTION	GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS? YES MO	134 STREET ADORESS WITK	ens Av	venue	2122
14. FA	John Ki	apowski	OLE	LAST	,	Finer		Hoff	fmann "	AST
0	VAS DECEASED EV YES, NO OR UNKNOWN)	R IN U.S. ARME		1.44 1.0		17 INFORMANT George Susi			Circle	, Balt
	14 CAUSE OF DE	ATH (Enter only o	one couse per	line for (a), (b), and	161.3				APPRO	XIMATE INTERVA
	Conditions, if o gove rise to i couse (a), sto underlying car	mmediate ting the	(b)	R AS A CONSEQUEN	A					
NOI	gove rise to a couse (0), sto underlying car	mmediate fing the ise lost.	(b) DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	IDITION GI	VEN IN PART 1	llo
TIFICATION	gove rise to a couse (0), sto underlying car	mmediate fing the ise last. GNIFICANT COI	DUE TO, O	R AS A CONSEQUEN	NCE OF		20e AUTOPSY?	20b. IF YE	S, WERE FIND	INGS USED S OF DEATH?
CAL CERTIFICATION	gove rise to it couse (o), sto underlying cau	mmediate ting the see last. GNIFICANT COL PATION INDERLYING CAUSE OF DEATH	DUE TO, O (c) NDITIONS CO 196 COND 216. TIME C HOUR A.	R AS A CONSEQUEN	NCE OF	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YE	S, WERE FIND IFYING CAUSE ES []	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to a couse (0), stounderlying counderlying counderlying counderlying counderlying counderlying counters (1) and the counter was 100 CONTRIBUTING (1) ETHER, NOTHY ME 110. INJURY OCCL WHILE IN NO	mmediote fing the see lost. GNIFICANT COL PATION INDERLYING CAUSE OF DEATH DICAL EXAMINER)	DUE TO, O (c) NDITIONS CO 196 COND 216. TIME C HOUR A. P. 21e. PLACE	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	DPERATION Y YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO DENTER NATURE OF INJURE	206. IF YE IN CERTI YE	S, WERE FIND IFYING CAUSE ES PART 1 OR PART 2)	INGS USED S OF DEATH?
	gove rise to a couse (0), stounderlying counderlying counderlying counderlying counderlying DART 2 OTHER SI 19a DATE OF OPEI 21a. ACCIDENT WAS: OR CONTRIBUTING [WHILE NOTIFY ME 21d. INJURY OCCUMENT NOTIFY ME 21d. INJURY OCCUMENT NOTIFY ME 21d. Sow the dece	mmediate ting the se lost. GNIFICANT COI RATION INDERLYING CAUSE OF DEATH DICAL EXAMINER) JERED WHILE WORK	DUE TO, O (c) NDITIONS CO 19b COND 21b. TIME C HOUR A. P. 21e PLACE (AT HOME, STI	R AS A CONSEQUENT OF INJURY M. MONTH DATE MALE FACTORY, OFFICE, FACTORY, O	NCE OF EATH BUT I DPERATION Y YEAR 19 RM, ETC.)	20 DATE OF DEATH MONTH OAY YEAR 3/25/79 2:25PM 3/25/79 2:25PM 2:25PM 2:25PM 2:25PM 2:25PM 2:25PM 2:25PM 2:25PM 2:25PM 3/25/79 2:25PM 2:				
	gove rise to a couse (0), stounderlying counderlying counderlying counderlying counderlying DART 2 OTHER SI 19a DATE OF OPEI 21a. ACCIDENT WAS: OR CONTRIBUTING [WHILE NOTIFY ME 21d. INJURY OCCUMENT NOTIFY ME 21d. INJURY OCCUMENT NOTIFY ME 21d. Sow the dece	mmediate tring the see lost. GNIFICANT COL PATION INDERLYING	DUE TO, O (c) NDITIONS CO 19b COND 21b. TIME C HOUR A. P. 21e PLACE (AT HOME, STI	R AS A CONSEQUENT OF INJURY M. MONTH DATE MALE FACTORY, OFFICE, FACTORY, O	PEATH BUT I	216 HOW INJURY OCCURR 216 LOCATION STREET 19 d that in (my) (our) opinion of DEGREE ATTENDING	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred an the comments of	20b. IF YE IN CERTI YI IN TEM 18.	S, WERE FIND IFYING CAUSE ES PART 1 OR PART 2) COUNTY 19 ur and from th	INGS USED S OF DEATH? NO STATE , that (I) (we' e couses state
	gove rise to icouse (0), stounderlying counderlying counderlying counderlying counderlying counderlying countries and contributions of the countries of the cou	mmediate ting the see lost. GNIFICANT COLL MATION INDERLYING	DUE TO, O (c) NDITIONS CO 196 COND 216, TIME C HOUR A. P. 21e PLACE (AT HOME, STI	R AS A CONSEQUENT OF INJURY M. MONTH DATE MALE FACTORY, OFFICE, FACTORY, O	PEATH BUT I	216 HOW INJURY OCCURR 216 LOCATION STREET 19 d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred an the comments of	20b. IF YE IN CERTI YI IN TEM 18.	S, WERE FIND IFYING CAUSE ES PART 1 OR PART 2) COUNTY 19 ur and from th	INGS USED S OF DEATH? NO STATE , that (I) (we' e couses state
	gove rise to a couse (0), stounderlying counderlying counderlying counderlying counderlying DATE OF OPEI 21a. ACCIDENT WAS: OR CONTRIBUTING (WEITHER, NOTIFY ME 21d. INJURY OCCU WHILE NOTIFY ME 22a. I certify that sow the dece obove, (I) (we 22b. SIGNATURE) 22d. PHYSICIAN'S	MINED WHILE WORK NAME (TYPE OR INDICATE O	DUE TO, O (c) NDITIONS CO 196 COND 216, TIME C HOUR A. P. 21e PLACE (AT HOME, STI	R AS A CONSEQUENT OF INJURY M. MONTH DATE MALE FACTORY, OFFICE, FACTORY, O	PEATH BUT I	216 HOW INJURY OCCURR 216 LOCATION STREET 19 d that in (my) (our) opinion of the physician [22e Address]	200 AUTOPSY? YES NO CITY OR TO CITY OR TO AEDICAL STA DIRECTOR PHYSI	20b. IF YE IN CERTI YI SHEYIN ITEM 18.	S, WERE FIND IFYING CAUSE ES COUNTY 19 27c. DAT	INGS USED S OF DEATH? NO STATE , that (1) (we) e couses state E SIGNED
MEDICAL	gove rise to a couse (0), stounderlying counderlying counderlying counderlying counderlying DATE OF OPEI 21a. ACCIDENT WAS: OR CONTRIBUTING (WEITHER, NOTIFY ME 21d. INJURY OCCU WHILE NOTIFY ME 22a. I certify that sow the dece obove, (I) (we 22b. SIGNATURE) 22d. PHYSICIAN'S	MINEDERLYING CAUSE OF DEATH DICAL EXAMINER) WHILE WORK (1) (did not) v	DUE TO, O (c) NDITIONS CO 19b COND 21b. TIME C HOUR A. P. 21e PLACE (AT HOME, STI	R AS A CONSEQUENT ON TRIBUTING TO DISTRIBUTING TO DISTRIBUTI	NCE OF EATH BUT I OPERATION Y YEAR 19 RM, ETC.)	216 HOW INJURY OCCURR 216 LOCATION STREET 19 d that in (my) (our) opinion of PHYSICIAN 226 ADDRESS 900 CATON	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSI AVE BAL 1334 LOCATION	20h. IF YE IN CERTI YI NEW IN ITEM 18. WAN INTEM 18. WAN INTEM 18.	COUNTY 19 22c. DAT	INGS USED S OF DEATH? NO STATE , that (I) (we) e couses state E SIGNED

BP. DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached far use as the buriol-transit permit. Then please remaye carban paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar remayal.

TTENDING PHYSICIAN

STATE OF MARYLAND

1	1	FOR		DEPARTM		EALTH AND MENTAL HYGI	IENE				
	1-	STATE REGISTRAR			CERTIF	CATE OF DEATH	REG. NO	7	0-0	67	12
١		EASED NAME FIRST	MIOOLE		U	AST			AY YEAR	M. HOU	1 6
1	(TYPE	OR PRINT) William	n her	ear	5	WARTZ		3/2	4/79	11.0.	5PM
	3 SEX	0	4. RACE	L	S. DATE O		6. AGE (IN YEARS LAST BIRTH		IF NDER 1 YEAR	IF UNDER	24 HRS
	1	Male	Whit	E	MONTH 06	126/1914	64	YRS.	CONTRS	HOURS	MIN
	7a. 8IR	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	8 AAADDIE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OF DEATH		
Ŝ	7	TARYLAND	U.S.	A.	WIDOWE	D DIVORCED	BALTI	MOK	E 61	74	MD.
3	10. CI	Balli more	11. NAME OF HOSP (IF NOT IN SUCH FACE)		ODRESS)	seneral Habital	TYPE OF WORK FOR MOST OF	WORKING LIFE	12b. KIND O INDUSTRY		
ī	USUA 13a. S	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE R	RESIDENCE BEFORE	AOMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
Š	31	uland	Ba	ltimore		YES NO	1603 (Lank	son S	t. Balto	M	
	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	ī	
0		Arthur	/	Swartz,	Sr.	Unknown			Ranier		
	16a. W	(AS DECEASED EVER IN U.S. AR	MED FORCES? 16b.	SOCIAL SECUI	_	17. INFORMANT	ADDRES				
		No	21	19-18-7	866	Mrs. Elsie G. Si	wartz, Same o	us abo			
		18. CAUSE OF DEATH (Enter or	ly one cause per line f	far (a), (b), one	(c).)	1 2			BETWEEN	MATE INTE	PVAL DEATH
		PART I. DEATH WAS CAUSE	TE CAUSE (0) SEE	PTIC S	HOCK	AND PLEYF	2HC HBSGE	-55			
		1509	DUE TO, OR AS	A CONSEQUE	NCE OF	. 1	- 1				
1		Conditions, if any, which	((b) ES	OPHAG	10-1	PLEURAL I	TSTULT		7 70		
		gave rise to immediate cause (a), stating the	DUE TO, OR AS	A CONSEQUE	NCE OF	0.					
		underlying couse last.	(c) LAI	RGE "	Sau	+MOUS (ARC)	HOMA, ESO	DHAGO	ور		
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR	RIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONE	ITION GIV	EN IN PART 1	01	
	CERTIFICATION										
	CAT	190. DATE OF OPERATION	196. CONDITION	FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDI		
	TIE						YES NO	YE		NO [
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A AA		Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, P	ART 1 OR PART 2)		
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER			19						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN		ARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N	COUNTY	s	STATE
		AT WORK AT WORK				79	3 3	4	74		
		22a I certify that (I) (this hosp	3 - 7 -	ceosed from_	19	-4 - 19 /3		11	19	thot (I) (
	- 1	sow the deceased alive on above, (I) (we) (did) (did no		r death.		nd that in (my) (our) opinion		ne ona nou	22c. DATE		
		5 Path	manath	an		M.D ATTENDING PHYSICIAN	MEDICAL STAF		3-2	34-	-79
_		224. PHYSICIAN'S NAME (TYPE C	10	010	10	22e ADDRESS 9	14 . /		1 6	0 1	+1
		Sivakolunthur	rathan T	athina	matha	South Ba	Ull more G	Knir	al M	oys	uai
	73a P	SURIAL CREMATION REMOVAL	123h DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			1	

DHMH - 16 25M (VR A 15 (4)) 9/74 (SPECIFY)

Burial

IMPORTANT: If hem 21 is morked or frem 18 shows ony injury, or other troumotic event, the medical

March 27, 1979 Glen Haven Mem. Park Mc ully Funeral Home, 130 E. Fort Ave. Balto. Md.

BY REGISTRAR 25b.

2 - 6 1 2

makes the contract of the state of the state

Management of the control of the con

ttending physician and completely filled in by the funeral director carbonpapers. Pages 1 and 2 should be filed within 72 hours

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

retained by the haspital or attending physician.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00712

_	REGISTRAR			REG. NO	
(TYPE	ECEASED NAME FIRST BALL	MIDDLE Alparon	- Muzur	20 DATE OF DEATH	ADDITH DAY YEAR 26 HOUR
3. SE	Mau	RAGE	5 DATE OF BIRTH MONTH DAY YEAR 77	6. AGE (IN YEARS LAST BIRTH	
7a. B	SIRTHPLACE (STATE OR FOREIGN 76 COUNTRY) The williams	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	. 7	COUNTY OF DEATH
	TITY OR TOWN OF DEATH	PINOT IN SUCH FACILITY, GIVE STREE	TADDRESS)		
USU 13a	JAL RESIDENCE (IF NURS HE OF OTER STATE	HER INSTITUTION, GIVE RESIDENCE BEFOI 13¢ CITY OR TOV		13. STEET ADDRESS	
14. FA	ATHER'S NAME FIRST MID	DDLE LAST	15 MOTHER'S MAIDEN P	MIDDLE	LAST
	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W.		URITY NO. 17 INFORMANT	ADDRES	55
	PART I. DEATH WAS CAUSED I IMMEDIATE (Conditions, if any, which gove rise to immediate cause (o), stating the	DUE TO, OR AS A CONSEOU	IENCE OF	the House	
	underlying cause last.	DOE TO, OK AS A CONSECU	S DATE OF BIRTH MONTH DAY YEAR S. AGE (IN YEARS LAST BIRTHDAY) If UNDER 1 YEAR IF UNDER 21 H MONTH DAY YEAR		
ATION		NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE		20b. IF YES, WERE FINDINGS USED
RTIFICATION	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
ICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY	DEATH BUT NOT RELATED TO THE TELEPHOPERATION WAS PERFORMED 21c. HOW INJURY OCCU	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YESNO
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT CO 196 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	196 CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TELEPHOPERATION WAS PERFORMED 21c. HOW INJURY OCCU	YES NO NO NATURE OF INJURY	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES \(\text{\ti}\text{\text{\text{\texi{\text{\texi\text{\text{\texit{\texi\texi{\text{\text{\text{\text{\texit{\texi{\texit{\text{\tex{
	PART 2. OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK ON THE CAUSE OF DEATH AT WORK AT WORK ON THE CAUSE OF DEATH AT WORK AT WORK ON THE CAUSE OF T	19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	DEATH BUT NOT RELATED TO THE TELE HOPERATION WAS PERFORMED PAY YEAR 19 FARM, ETC.) 21f. LOCATION STREET 7 0 19 7 19 7 19	YES NO UNITED (ENTER NATURE OF INJURY) CITY OR TOWN	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
	PART 2. OTHER SIGNIFICANT CO 196 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a. I certify that III (this hospital sow the deceosed alive on obove, (I) (we) (did) (did not) we compared to the compared to	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,) attended the deceased from when the body after death.	DEATH BUT NOT RELATED TO THE TELEPHOPERATION WAS PERFORMED AY YEAR 19 216. HOW INJURY OCCU STREET 19 7 7 10 ond that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	700 AUTOPSY? YES NO JRRED (ENTER NATURE OF INJURY) CITY OR TOWN In death occurred on the data	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
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Balto.,

MAR

DHMH - 16 60M 1/75 (VR A 15 (4))

BP

injury, ar other traumotic event, the medical examiner must be notified at once.

marked or Item 18 shows any

PRORTANT: If Item 21 is

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR STATE

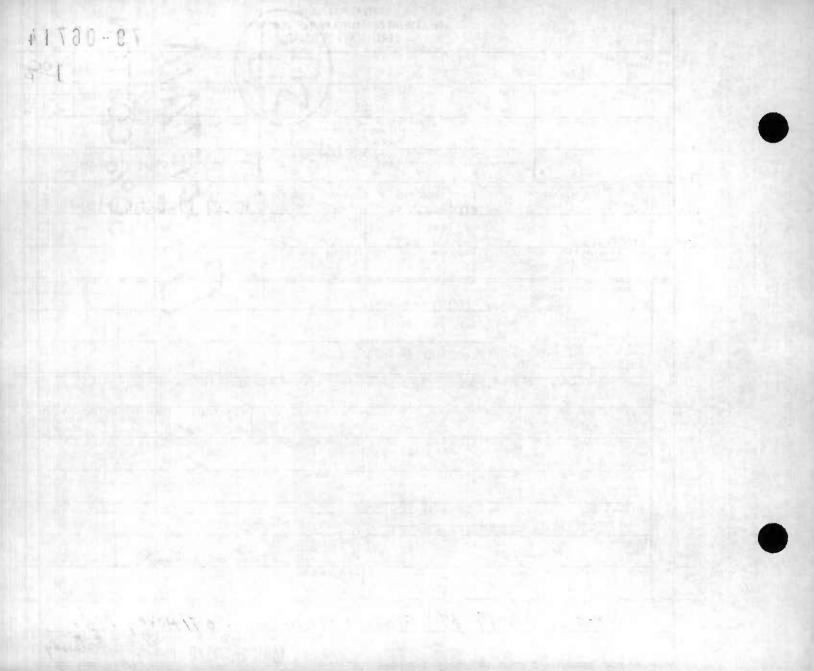
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MAR 23 1979

79-06714

		REGISTRAK		CERTIFIC	CAIL OI D	LAIII	REG. N	0.	3 0 0	1 1	7
		CEASED NAME FIRST	MIDDLE	LAS	ST .		20 DATE OF DEATH	MONTH D	DAY YEAR	2b. HOL	UR.
	(TYPE	BABY B	oy	TAYL	-OR		M	ARCH 1	13 1979	19	28 M
	3. SEX		4 RACE	5. DATE OF	- /		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDE	
		М	В	MARCH	H 13	1979		YRS.	MONTHS DAYS	HOURS	30
		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? B MARRIED	☐ NEVER A	AARRIED A	9 BALTIMORE CITY	R COUNTY	OF DEATH		
5		MARYLAND	USA	WIDOWED		VORCED	BALTIM	ORE (174		MD.
2	-	BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STR		OTHER INST		120. USUAL OCCUPAT		12b. KIND C INDUSTRY	OF BUSIN	ESS OR
5	13e. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BER NTY 13t. CITY OR TO Baltima	ove 11	36 INSIDEC YES F	NO 🗌	13e STREET ADDRESS	ash	burtor	J	
8	14. FA	Thomas	MIDDLE TANT			MAIDEN NAMI FIRST RJORLE	MIDDLE		LAS	ST	
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SE	CURITY NO. 1	17 INFORMA	NT	ADDR	SS			
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEG	QUENCE OF	4						
	TION		conditions <u>contributing t</u>								
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	WAS PERFO	RMED	200 AUTOPSÝ?	IN CERTIF	S, WERE FINDING YING CAUSES		TH?
7	EDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR			D (ENTER NATURE OF INJU	RY IN ITEM 18, PA	ART 1 OR PART 2)		
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	21f. LOCATIC STREET	N	CITY OR TO	٧N	COUNTY	S	STATE
	1	sow the deceased alive on	tal) attended the deceased from 19 ti view the body after death.		that in (my)	, 19 (our) opinion de	, to eoth occurred on the d		r ond from the		
	1	226. SIGNATURE & P.	Tepper	M	D . A	TTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED	
		22d PHYSICIAN'S NAME (TYPE O	RPRINT) EPPER		220 ADDRESS	11	PITAL.				
	23a B	BURIAL, CREMATION, REMOVAL SPECIFY CYCMATION	3-19-79 23	SINAI	HOSP	rematory tal Ive	23d. LOCATION CITY OF TOWN	yore,	country d.	ST	TATE
	24. FU	UNERAL DIRECTOR	ADDRESS			250. DATE	REC'D. BY REGISTRAR	25b. RPP IST	ray MC	ready	,



	1	#6, per call w/F.	.H. 3/21/79 ka	M STATE OF MARYLAND		
	1	FOR - STATE	DEI	PARTMENT OF HEALTH AND MENTAL HY	GIENE	70 0:0715
M		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
. n		DECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	
oy be	-	JAMES	Α.	TAYLOR	MARCI	
ge 4 mc ector, p rs ofter	3.	Male	4. RACE White	May 26, 1929	-39- 49	MONTHS DAYS HOURS MIN
Page . Page	7.24	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUL		9 BALTIMORE CITY OR	COUNTY OF DEATH
Person Trong	5 1	laryland	USA	WIDOWED DIVORCED	BALTIMO	RE CITY MD.
offer d	7- 11	CITY OR TOWN OF DEATH Baltimore Cit	(IENQT IN SUCH FACILITY, GIVE	FURSING HOME OR OTHER INSTITUTION E STREET ADDRESS) KINS HOSPITAL	170. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Y Surveyor	
be the		SUAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)		
No. 24 h		aryland Ke	ent Better		P.O. Bo	v 31
rithin ithin		FATHER'S NAME		15. MOTHER'S MAIDEN N	AME	The second second
MAR wed w	0	Mahlon A.	Taylor, Sr.		eaverton	LAST
RE, RE, d corte	11 18	g. WAS DECEASED EVER IN U.S. A		L SECURITY NO. 17 INFORMANT	Box	ጓ 1
Pog Pe	1	no		24 1166 Carolyn I		tterton, Md.
sicip ol. the		18. CAUSE OF DEATH (Enter of	anly one cause per line far (a), SED BY:		I +	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy			ATE CAUSE (a) bra	in slem dys) unclior	1 (1th
orice of the state		3483	DUE TO, OR AS A CON	ISEQUENCE OF		
de d		Canditions, if any, which	(b) •			
hoke ho by the bose remo		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	ISEQUENCE OF LOWN		3
gned gned gned burid			CONDITIONS CONTRIBUTIN	IG TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART 1(a)
A Table		100 ACE OF OPERATION 3/2/71 210. ACCIDENT WAS UNDERLYING	'as fleura		epsis,	
RECC low s be ermit e priit	h	190. DATE OF OPERATION		WHICH OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The The cian cian sit possit p		3/2/ +7	a cous		RRED (ENTER NATURE OF INJURY	YES NO
AN: Shysing Shysing Shyang Shyan S	18	OR CONTRIBUTION CAUSE OF O	LIGUED A MA MODELT	H DAY YEAR	KKED (ENTER NATURE OF INJURY	IN TEM 15, PART OR PART 2)
NO SIG Cent Cent Aente		(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M. 21e. PLACE OF INJURY	19 21f. LOCATION		
DIVISION O ING PHYSIC r attending with the burial ith and merit		WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,		CITY OR TOWN	COUNTY STATE
DIV OING After Pe os to nork		22a. I certify that (I) (this has	a tall attended the decored	400 2/24/79 10 7	7 . 3/10	77, that (I) (we) last
reng or use f Hee		saw the deceased alive a	3/14	19 5, and that in (my) (aur) apinia	n death accurred on the dat	e and haur and from the causes stated
R AT Hospi		abave, (1) (we) (didf) (did r 22b. SIGNATURE	nat) view the body after death.	DEGREE		22c. DATE SJGNED
the I Diff		T Sel	ale -	ATTENDING PHYSICIAN	MEDICAL STAFF	3/14/79
by by tERA Stot Stot	1	22d. PHYSICIAN'S NAME (TIPE	OR PRINT	22e. ADDRESS	/ June 10 K - 1111 Sich	
TO HOSPITAL retoined by the TO FUNERAL I should be detoined with the Store I wayportAnt: If	1	1 A	elile	Johns K	topkins	HOSPITAL
0 to	7	30. BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	LIM LOCATION	
BP/		Buria1	Mar. 17,1	979 Still Pond (Cem. Still	Pond, Md.
DHMH - 16 50M 7/77	2	FUNERAL DIRECTOR) // ADDE	25a.,DA	TE REC'D. BY REGISTRAR 2	Sh REGISTRAR'S SIGNATURE
(VR A 15 (4))		HTW. West	Olls Ches	stertown, Md,	IK 2 1 19/9	

19-00715 NO THE PERSON AS A PROPERTY OF THE PARTY OF FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7922 Wise Avenue, Dundalk, MD

- STATE

(VRA 15, 4) 7/78

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

21222

HOURS

STATE

FOR

REGISTRAR

DECEASED NAME

- STATE

STATE OF MARYLAND 79-06718 CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2a. DATE OF DEATH 2h HOUR March AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYSAS DAYS 28. 1888 90 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED BAD Dimore DIVORCED 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Home 8711 Loch Bend Dr. 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME Wilhelmina MIDDLE Bruns Barbara Depew 8611 Willow Oak Rd. APPROXIMATE INTERVAL ARREST. 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY Redeemer Cem. Baltimore Holv

Maryland

STATE

COUNTY

24 FUNERAL DIRECTOR

William E. Johnson 8521 Loch Raven Bl

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

81730-6

Section 2 St. 1 St. March Section 20

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A District and State in the Parallel St. Track in the Property of the Property

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20 DATE OF DEATH MONTH (TYPE OR PRINT) Otto I hanner larch 4 RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX uly 20, 1912 HOURS White Male H BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore arulana WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR atapsco St. Balto . Nd. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Stevadore USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13d INSIDE CITY LIMITS? 113e STREET ADDRESS 13c CITY OR TOWN altimore Patapsco St. Balto Md aruland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Unknown Unknown I hannen ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES. NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST Mrs. mma I hanner, Same as above yes 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY W. PRESTON ST., IMMEDIATE CAUSE to Conditions, if any, which gave rise to immediate cause ia, stating the DUE TO, OR AS-A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Q 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NOF 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY ă (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE orked WHILE NOT WHILE AT WORK AT WORK 22a. I certify that (1) (this haspital) attended the deceased fram_ saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, N (we) (did) (did not) view the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF + MEDICAL be deta e State FUNERAL uld be det h the State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL STATE (SPECIEY) Burial Nar. 16, 1979 edar Hill Balto. emeter. Maruland DHMH - 16 60M 1/75 Mc Willy Funeral Home, 130 E. Fort Ave. Balto. Md. (VRA 15 (4))

	1.	FOR STATE REGISTRAR		DEPARTM	ENT OF HEA	F MARYLAND LITH AND MENTAL HYO ATE OF DEATH	GIENE REG. N	79	-067	20
		CEASED NAME FIRST OR PRINT)	WIOOL		LAST		M -	MONTH O	DAY YEAR	26. HOUR
		CATHER		B.		om As.	1.0		5,79	10.03 %
1	3 SE	× Ela	4 RACE		5. DATE OF MONTH	DAY YEAR	6. AGE (IN YEARS LAST BIRT		AONTHS DAYS	HOURS MIN.
	20 BI	RTHPLACE ISTATE OR FOREIGN	Negro 76 CITIZEN OF WHA	T COUNTRY?	12	26 1902	76	YRS.	OF DEATH	
Source .		Maryland	U. S.	7	MARRIED	NEVER MARRIED	Baltin		OFDEATH	MD
Sometied &	10. C	TY OR TOWN OF DEATH Blatimore	11. NAME OF HOSE	PITAL, NURSING	HOME OR	OTHER INSTITUTION	12a USUAL OCCUPAT	ION		F BUSINESS OR
Const be	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	R OTHER INSTITUTION, GIVE	_	AOMISSION]	Id. INSIDE CITY LIMITS?	13e STREET ADDRESS 3306 Brid	hton :	Street	
OCCUPIE	14 FA	ATHER'S NAME FIRST	WIDOLE	LAST	15	MOTHER'S MAIDEN NA FIRST Harriett	WE		Jones	T
medical		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b E WAR OR GATES	SOCIAL SECUR		Malter Thoma	as 3306 Brig		Street	MATE INTERVAL ONSET AND DEATH
ol, cremation, ar rema		18 CAUSE OF DEATH lEnter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS	A CONSEQUEN	NCE OF	lemonary	Emboli			
nor to burn ny injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT /) 190 DATE OF OPERATION	aure	an	envia		MINAL DISEASE OR CON English We of 1/200 AUTOPSY?	reary	Lacke Swere FINDIN	re
ows a	TIFIC	- DATE OF OFERANOR	IN. CONDINO	~	S, EKRITOT	NASTEN GRALD	YES NO		YING CAUSES	
rem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	JURY MONTH DAY		RIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	ART 1 OR PART 2)	
orked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF II (AT HOME, STREET, F	NJURY ACTORY, OFFICE, FAI		II LOCATION STREET	CITY OR TO		COUNTY	STATE
n 21 is mo		22a. I certify that (I) (this hasp saw the deceased alive ar above, (I) (we) (did) (did no	- March	5 19 7		that in (my) (aur) opinion	death occurred on the d			
NT: If the		22b. SIGNATURE	Chaus	auch	ou'	GREE MD ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN E	22c DATE	J/79
with the Sto		ARRYA	CHANSA		F	ALL ADDRESS	theran t	tope	ital	
4	23a. (BURIAL, CREMATION, REMOVAL	3/10/197			Mem Daris	23d LOCATION CITY OR TOWN Arbutus	, Marv	тишоэ Вас Г	STATE
7/77	24 F	Burial UNERAL DIRECTOR	13/10/19/		Ducus	Mem. Park	TE REC'D. BY REGISTRAR		RAR'S SIGNAL	URE
M 7/77 4))	24	NAME	다/당 1101 E	ACORESS	+b 7\120			fire	hab	sooly

1 2	No.	FOR - STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06	771
7-100		REGISTRAR	REG. NO.	, , , ,
(M)		CEASED NAME FIRST	OTHY E. THOMAS 20 DATE OF DEATH MONTH DAY YES	9 505 AM
offe of	3. SE	X TGam: C		
Poge direct	7a. B	RTHPLACE ISTATE OR FOREIGN	BLACK 0+ 10 28 50 YRS. 76 CITIZEN OF WHAT COUNTRY? 8 PALTIMORE CITY OR COUNTY OF DEAT	Н
deoth.		Md.	U.S.A. WIDOWED DIVORCED BALTIMORE CITY	Y MD.
is ofter of space of the full	10. C	ACTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 126. KIP (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUS	ND OF BUSINESS OR
AND 2120 AND 2120 Tilled in by tolled be file	USU 13a	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Ave.
thu thu	14. F	ATHER'S NAME FIRST	15. MOTHER'S MAIDEN NAME	
MA med med man		William	n Thomas ELEANDRA MACK	LAST
BALTIMORE cote be executed by siction and copers. Pages vol.		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS GIVE WAR OR DATES) 216-24-8755 Nacqueline Mathews 1312 Ber	Adou St.
4 ST., BALT		18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUSE	only one couse per line for (a), (b), and (c).)	PROXIMATE INTERVAL VEEN ONSET AND DEATH
N ST.			HATE CAUSE (a) (NES) (NEATON) PARCOPE	
PRESTON ne deoth co		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	
by the ose re		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF METASTATIC PROBABLE TO LUNG	
DS, 20 quires t signed hen ple to burio	z	PART 2 OTHER SIGNIFICANT	AT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR	XT 1(a)
RECORDS,	ATIC	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FIL	NDINGS USED
the state of the s	CERTIFICATION	03.08 79	7 CA ESOPHAGOUS YES NO IN CERTIFYING CAL	NO 🗆
> 2 5 0 0 5 4 8 (1		2 Tg. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DEATH HOUR A.M. MONTH DAY YEAR	1 2}
DIVISION OF ING PHYSICIA r ottending pl os the buriol-t th and Mental orked or tem	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY	STATE
a se			ospital) attended the deceased from 19 78 , to 03 / 12 19 77	, that (I) (we) last
RATTENDIN hospital or RECTOR: Aft red for use o	7		not) view the body after death	
0 0 0 0 5		ROLL SIGNATURE	A CUTILLY 9004 MD ATTENDING MEDICAL STAFF 03	DATE SIGNED
HOSPI nined b FUNEI wild be th the Si		274 PHYSICIAN'S NAME (TYPE C	JACTERI SINAI HOSPITAL	
11/01/	23a (BURIAL, CREMATION, REMOVAL		STATE
DHMH-16 50M 7/77	24. E	JUNERAL DIRECTOR	250 DATE REC'D. BY REGISTRAR 250 RESTRAP'S SIG	VALVE La
(VR A 15 (4))	Ne	Prnon R. Baile	rey 1348 Cartown St. MAR 13 1979 MAR	

15730-21 Land Thomas Carte Land Carrier Land Maried 5(8) and Hold and Supple Core 48: MG good forther the sound on the state of the the state of the s Secretary and the second of th -/ errory 1 academy 1448 (January Say 1 - MAR 18 1973)

DHMH - 16 50M 7/77 (VR A 15 (4))

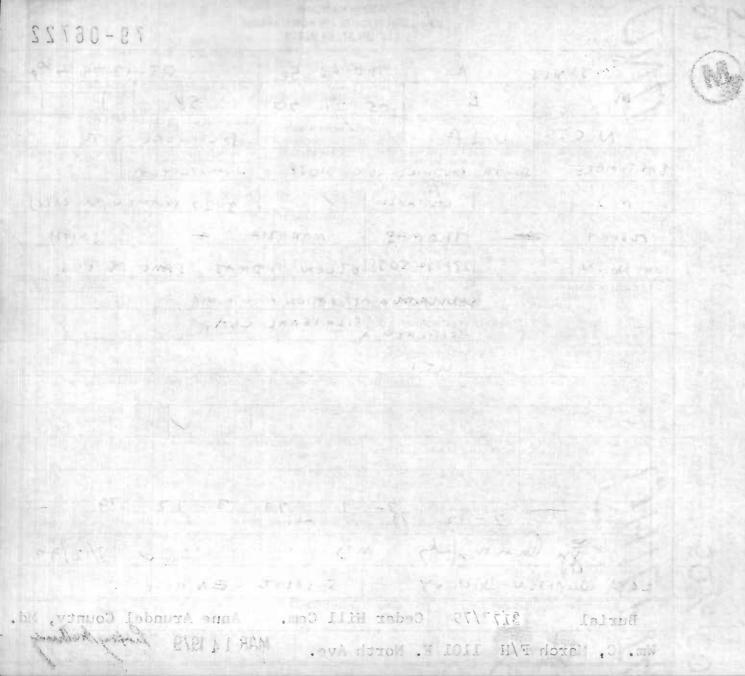
-	1.	FOR - STATE REGISTRAR		MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	SIENE REG. NO	o. 7	9 - 0 6	722
1		CEASED NAME FIRST	MIDDLE .		omas Sr.			DAY YEAR (2 79	26 HOUR 430
,	3. SE		4 RACE	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
10	C	OUNTRY) N. C.	76 CITIZEN OF WHAT COUNTRY?	WIDOWE		BALTIMORE CITY O	ORE	OF DEATH	ME
13		ALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET SOUTH SENTIMOR	ADDRESS)		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIF		OF BUSINESS OR
		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW BALLO M	/N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	EAM	o w Ave	21725
300	14 FA		MIDDLE LAST	AS	IS MOTHER'S MAIDEN NA	MIDDLE		SA	ST
medico/	(1	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN), NTNO NN	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 237-24_		17 INFORMANT ELLEN TH	addre	ame	AR PT	2.
or other troumotic event		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENT OF THE CONSEQUENCE OF T	ENCE OF		CVA,			imaje interval Onset and Death
ows ony injury,	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH			200 AUTOPSY? YES NO NO	20b. IF YES	S, WERE FINDING CAUSES	NGS USED
ed or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOT WHILE		19	211. LOCATION STREET	RED (ENTER NATURE OF INJUR		COUNTY	STATE
Hem 21 is mork		sow the deceased alive on	tol) offended the deceosed from		nd that in (my) (our) opinion.	todeath occurred on the do	te and hou		
APORTANT: IF			RPRINTI) ON-JACK EY	· ·	22e ADDRESS	MEDICAL STAF	IAN	1-5/13	-179

QUASON-JACKEY 23a BURIAL, CREMATION, REMOVAL (SPECIES) Burial 3/17/79

BALTO. 23c NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

24 FUNERAL DIRECTOR
Wm. C. N C. March F/H 1101 E. North Ave.



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REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH TYPE OR PRINT) homas 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNGER 1 YEAR IF UNDER 24 HRS MONTH YEAR OAYS HOURS GROIC TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [ō 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a. USUAL ØCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET AGORESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 LAKEVIEW USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 13a. STATE 13h COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS LAKEVIEW AVE. tely 2 sh 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST MIDOLE LAST FIRST MICOLE LAST P ADDRESS 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES) SAME APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF oth underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ğ CERTIFICATION 0 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED P IN CERTIFYING CAUSES OF DEATH? od. NOF certificote ond Mentol Hygi 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED | LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 0 CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the dereased from , that (1) (we) lost hospitol and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove, (I) (we) (did) (didynot) view the body after death DEGREE Dept 22b. SIGNATOR ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT should be a 22e. ADDRESS 22d. PHYSICIAYS NAME ITYPE OR PRINT! 0 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE CITY OR TOWN SPECIFY 250. DATE REC'D, BY REGISTRAR 25 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77

FOR

- STATE

(VRA 15(4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

DHMH - 16 50M 7/77

(VR A 15 (4))

79-06725 CERTIFICATE OF DEATH REGISTRAR REG. NO 2h HOUR :00 IF UNDER 1 YEAR IF UNDER 24 HPS MONTHS DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR Maid-Prvt. Family INDUSTRY unk inst PART 2. OTHER SIGNIFICANT CONDITIONS COMMISSURING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 20b. LE YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE ond that in my our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STATE Baltimore Arbutus Mem. Park 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. RECOTRAR'S SIGNATURE Herbert E. Nutter 3035 W. North Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 Item 18 shov ntol Hygie <u>+</u> Should be detowith the Stote D ORTANT

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DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06728 CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH LAST NICHOLAS MARCH 21, 1979 J. 6:00A. S DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR White MONTH DAYS December BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Baltimore DIVORCED T WIDOWED 126. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Hospital LIYPE OF WORK FOR MOST OF WORKING LIFE altimone Transi HDERVLSOR USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Salto Highland SES T Baltimore Daisy Avenue Baltimore. 15 MOTHER'S MAIDEN NAME MIDDLE Gentrude 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) | | | IF YES, GIVE WAR OR DATES) Mr. Nicholas J. Till, Jr. 213-10-2889 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) ADENOCARCINOMA OF COLON WITH METASTASTS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [

couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.

4 RACE

MIDDLE

19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

HOUR A.M. MONTH DAY YEAR

21c. HOW INJURY OCCURRED | LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2]

COUNTY

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

220.1 certify that (1) this hospital attended the deceased from MARCH sow the deceased give on MARCH 21, 19

216. TIME OF INJURY

211 LOCATION

STATE

sow the deceased glive on MARCH 21 above, (I) (we) (did not) view the body after death 22b. SIGNATURE

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate

210. ACCIDENT WAS UNDERLYING

21d, INJURY OCCURRED

DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

A. C. CHOUVALIT, M.D.

CHURCH HOSPITAL CORPORATION 100 N. BROADWAY, BALTIMORE, MD

FOR

REGISTRAR

Male

COUNTRY

Manuland

14 FATHER'S NAME

O. BIRTHPLACE (STATE OF FOREIGN

4ermanu

10. CITY OR TOWN OF DEATH

Baltimore

Nicholas

I. DECEASED NAME (TYPE OR PRINT)

- STATE

3. SEX

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

234 NAME OF CEMETERY OR CREMATORY Holy (ross (emetery

Baltimore Anne Anne Anndel Md.

CITY OR TOWN

and that in (my) cours opinion death occurred on the date and hour and from the causes stated

Ly Funeral Home of Brooklyn
L. Patapsco Avenue Baltimore, Md.

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DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	lec.	9 - 00	130	
		CEASED NAME FIRST OR PRINT) GEORGE	e 4. RACE	L.	5 DATE O	DAY YEAR	20. DATE OF DEATH AVC 6 AGE (IN YEARS LAST	4 2	DAY YEAR 2 1977 IF UNDER 1 YEAR MONTHS DAYS	
80	cc	RTHPLACE (STATE OR FOREIGN DUNTER) TEXAS TY OR TOWN OF DEATH	U.S.		WIDOWE	22 02 D NEVER MARRIED DIVORCED DIVORDIVORD DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVO	9 BALTIMORE CIT Baltim	ore C	ity ity	OF BUSIN
90	E	Baltimore	Key	Nursing	Home	e	(TYPE OF WORK FOR MO			
35	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		Baltim	N	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	900 Bel	ss gian	Ave.]	L-B
300	14 FA	William	MIDDLE	Tilli	S	Alice	ME	E	Johns	ast On
1	16a W	VAS DECEASED EVER IN U.S. AI	RMED FORCES? /E WAR OR DATES)	434-40-		Melbourne		DRESS	Belgia	
		Conditions, if ony, which gove rise to immediate	(b)	OR AS A CONSEQUE	Fasi	es in lu	ngs		sover	el h
	ATION	1489 Conditions, if ony, which	DUE TO, C (b) DUE TO, C (c) CONDITIONS 6	MEXAS DR AS A CONSEQUE OMFRIBUTING TO S LOLD	ENCE OF	NOT RELATED TO THE TERM WAS PERFORMED	~	20b. IF YI	ES, WERE FIND	MINGS USE
29	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE	DUE TO, C (b) DUE TO, C (c) CONDITIONS 6 196 COND HOUR AA P 21e PLACE	ONTRIBUTING TO DEPARTMENT OF INJURY	OPERATION OPERATION AY YEAR 19	hemi gares	200 AUTOPSY? YES \(\text{NO} \)	20b. IF YI IN CERT	ES, WERE FIND FIFYING CAUSE YES	DINGS USE S OF DEA NO [
29	-	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINEI 21d. INJURY OCCURRED	DUE TO. CO. (b) DUE TO. CO. (c) CONDITIONS 6 19b COND. 19b COND. 21b TIME CHOUR A 8) P 21e PLACE (AT HOME, SI	ONTRIBUTING TO DEPART OF INJURY OF INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 ARM, ETC.)	216. HOW INJURY OCCURI 216. LOCATION STREET 23, 19, 27 and that in (my) (our) apinion DEGREE ATTENDING	200 AUTOPSY? YES NO	20b. IF YI IN CERT IN TEM 18	ES, WERE FIND TIFYING CAUSE YES OUNTY 19 29 OUT and from the	ings uses of DEA NO [

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.Dr

Burial 3/27/79 Westvirw Mes. 76. Ceconswills,

m. C. Merch E/H 1101 F. Merch Ave. MAR 22 1975 Account

REGISTRAR REG NO L DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) Berly 10:3/AM 3 SEX 6. AGE / IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTH YEAR In BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY NORE -USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g STATE 13b COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS ping NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Moller. 1203N. 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 01551UC gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 DIVISION OF VITAL RECORDS, CERTIFICATION O 190 DATE OF OPERATION 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO F entol Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (D(this hospital) attended the deceased from 3/6 and that in my (our) opinion death occurred on the date and hour and from the causes stated did not view the body ofter death. 22b. SIGNAT DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN A 22e ADDRESS should be with the 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE CITY OR TOWN Westview Mem. PK Catonsville Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Wm. C. March F/H 1101 E. North Ave. (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-06732

FOR

- STATE

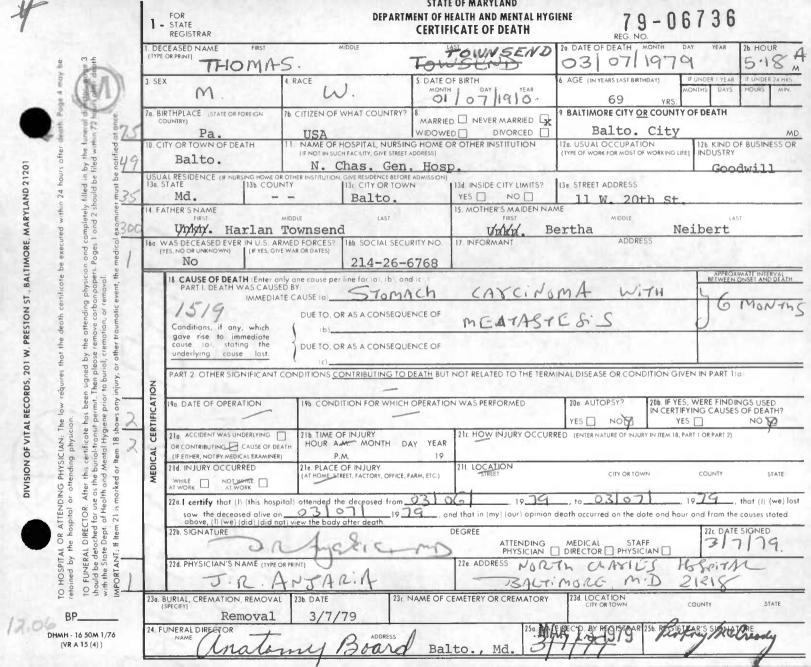
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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

(VRA 15 (4))





DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

79-06737

BP. DHMH-16 50M 7/77 (VR A 15 (4)) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-06738

		REGISTRAR					CERTII	ICAIL OI	PLAIN		REG. N	0.				
		CEASED NAME	FIRST		MID	DIE	l	AST	70.0750	2a. DATE O	FDEATH	MONTH	DAY YEA	R 2	b. HOU	R
	(TYPE	OR PRINT)	Walt	er	Sek	astian	TR	EFFNE	R	Ma	rch	7, 1	979			м
	3. SEX	X		4 RACE	30.14		5. DATE C			6 AGE (INY	EARS LAST BIRT	HDAY)	IF UNDER 1 Y	_	IF UNDER	
		Male		W	hite	2	Oct		1921	5	7	YRS.	MONTHS D	AYS	HOURS	WIN
84		RTHPLACE (STATE OR FO	DREIGN	76 CITIZE	N OF W	HAT COUNTRY?	8	NEVED	MARRIED				Y OF DEATH	1		
Z		Austria			USA	_	WIDOWE	D 0	NORCED	Ba	ltim	re C	ity	124		MD.
0		Baltimore		(IF NO	T IN SUCH E	SPITAL, NURSIN ACILITY, GIVE STREET Agnes I	ADDRESS)		MOITUTITE	12a USUAL (TYPE OF WOR Mgr •	K FOR MOST C	F WORKING	LIFE) INDUST	TRY _	Re	ss or
35	13a. S	AL RESIDENCE (# NURS	196 COUN	TY	ITUTION, GI	VE RESIDENCE BEFOR C. CITY OR TOW Linthi	/N	YES _	CITY LIMITS?	13e. STREET 440		Mapl	e Roa	d		
20	14. FA	Sebastia		AIDDLE	T	reffne	er		's MAIDEN NAM FIRST heresa	ME	MIDDLE		Bach	1 Last		
1	160 W	VAS DECEASED EVER	IN U.S. AR	MED FOR	CES? 10	SOCIAL SECL	PRITY NO.	17 INFORM	ANT	100	ADDRE	SS S	ame a	s	13	
2	- 11	No		ne		219.26.	3693	Mrs.	Marga	ret V	. Tr	effn	er (w	rif	e)	
		18. CAUSE OF DEAT	H Enter on	y ane cat	se per lir	ne for (a), (b), on	id (c).						APP BETW	ROXIMA EEN ON	ATE INTER	VAL
		PART I. DEATH W	IMMEDIAT	E CAUSE	(a) Ve	ntricul	ar ta	chyarri	nythmia	second	dary	o ac	ute	1 h	ır.	
		410-		DUE	my	ocardia	1 inf	arction	1							
		Canditions, if any,	which	(CVD wit				V ane	ırvsm			1 1	r.	
		gove rise to imm	nediote	}		1-7-1-1										
		underlying cause		DUE	-	ronic c		tive h	ert fei	lura			A. Dett	9 m		
		PART 2. OTHER SIGN	SIEIC ANT C	ONDITIO							E OR CON	DITION C	IVENI INI DAD		IUS.	==
	NO	TAKI Z. OTTICK SIGI	AILICAIAI C	ONDITIC	7143 <u>COIN</u>	TIKIBUTING IO	DEATH BOT	NOT KELATE	D TO THE TERM	INAL DISEAS	E OK CON	DITION G	IVEIN IIN FAK	11(0)		
9	CERTIFICATION	190 DATE OF OPERA	TION	19b (CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERF	DRMED	200 AUTO	OPSY?	IN CERT	ES, WERE FIN			H?
0	CER	210. ACCIDENT WAS UND		1100	IME OF	MONTH D	AV VEAD	21c. HOW II	JURY OCCURR	ED (ENTERNA	TURE OF INJUI	RY IN ITEM 18	PART 1 OR PART	2)		
7	AL	OR CONTRIBUTING (тн	P.M.	MONTH D	AY TEAK									
	MEDICAL	21d. INJURY OCCURE	RED		LACE OF			211 LOCAT	ON		CITY OR TOV	u/hl	COUNTY			ATE
	2	AT WORK AT WO	HILE D	(ALB	JME, STREE	T, FACTORY, OFFICE,	FARM, ETC.)	SIRCE			CITORIO	VIN	COONIT		214	ATE.
		220.1 certify that (I)	(this hospit	ol) otten	ded the	deceased from_	Febru	lary 2	. 19. 78	, toM;	arch	7	. 1979	the	at (1) (w	ve) lost
15		saw the decease above (P(we) (c	ed olive on	Feb	ruar	v 23 19_	79 , or	nd that in (my) (our) opinion o	death accurre	ed an the d	ate and ho	our and from	the co	uses sto	ted
50		226 SIGNATURE	0/	VICT III	1/ 1	1 a a a		DEGREE				. 151	22c. D	ATE SI	GNED	
		(bull	13.1	ta	281	MM		M.D.	ATTENDING	MEDICAL	D PHYSIC		Ma	irc	h 8	,79
7		22d PHYSICIAN'S NA	AME (TYPE OF	PRINT		1		22e. ADDRE		1						
		Charl	les	s.	Ang	gell		611	Park .	Ave.,	Bal	timo	re, N	id.		
	23a. B	BURIAL, CREMATION,		23b. D.A					CREMATORY	23d. LOC	OR TOWN		COUNTY		STA	TE
24	1:	Crema	ation	Ma	rch	10,79	Secu	rity		s Ca	tons		e Bal			id.
	-	UNERAL DIRECTOR	4101	1/10	200	-CAMPINE	-		MIND.	E REC'D. BY F	REGISTRAR		4 - 4	- 4		
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	ST	ATE	OF M	ARYL	AND	
DEPARTN	AENT OI	HE	ALTH	AND	MENTAL	HYGIENE

79-06739

Pa	ALCO MAIN			ICATE OF DEATH	REG. NO).		
1		CEASED NAME PIRST	MIDDLIM	7	AST,	26 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
1	3 SE	FAYMO	4 RACE	5 DATE C	102, Sr:	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR	7: 95 PM
	3 36	MALE	CIA	TE MOINTH	27 26	52	MONTHS DAYS	HOURS MIN
	7a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHA	T COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	1110	
35	_	aryland	U.S.A.	WIDOWE	D DIVORCED 🔀	Balto.	TY	MD
38		BALTO	(IF NOT IN SUCH FAC	INERSITY	Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	OF BUSINESS OR
3	an	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP Yand	VTY 1136	residence before admisylon) CITY OR TOWN Utimone	138 INSIDE CITY LIMITS?	130 STREET ADDRESS 1604 Light	St. Balto Ma	7
	14 FA	ATHER'S NAME Willis	MIDDLE A.	Trice	15. MOTHER'S MAIDEN NA/ FIRST Annie	MIDDLE	- Kel	Lu
		VAS DECEASED EVER IN U.S. AR (ES 400 OR UNKNOWN) (15 YES, GIV)	MED FORCES? 16b E WAS OR DATES) 212	SOCIAL SECURITY NO. 2-20-0475 A.	Mrs. Susan G.	Miller, 126	ss E.(hurchhill	St.
	NO	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE (MMEDIA) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DBY TE CAUSE (b) DUE TO, OR AS (c)	A CONSEQUENCE OF A CONSEQUENCE OF		ASE		IMATE INTERVAL ONSET AND DEATH
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING CAUSES YES	NGS USED OF DEATH?
9	MEDICAL CER	2) a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 2) d. IN JURY OCCURRED	HOUR A.M. P.M. 21e PLACE OF IN	MONTH DAY YEAR 19 JURY	216 HOW INJURY OCCURR			
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, F.	ACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	OUNTY	STATE
		27a. I certify that (i) this hospi sow the deceased alive an above, (i) (we) (did hid and 27b. SIGNATURE	3/29	death. 19 77 . on	d that i (my) our) apinion o	to on the do		
		Ban	1	sen ogs	ATTENDING PHYSICIAN	MEDICAL STAP		9-79
		22d. PHYSICIAN'S NAME (TYPEO	POSER	MD	ZZS. GRE	EENE ST	21201	
	(:	BURIAL, CREMATION, REMOVAL Burial	Apr. 2, 19		en Mem. Pank	23d. LOCATION CITY OR TOWN	West All	anyland
		UNERAL DIRECTOR CHILLY Funeral F	lome, 130 E	Fort Ave. Ba		REC'D. BY REGISTRAR	STRAR BEIGNAT	LIRE Rasely

DHMH - 16 50M 1/76 (VR A 15 (4)) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

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MEMA () 37. 35.				

Helfenbein-Hubbard Funeral Home, (hester, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VR A 15 (4))

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, misshall be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours of minimal with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be not the dot once.
DIVISION OF VITAL RECC	TO HOSPITAL OR ATTENDING PHYSICIAN. The law retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbangapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 21 is marked or Item 18 shows any

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-06742

		REGISTRAR		CERTIFICATE OF DEA	TH	REG. NO.		
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE	OF DEATH MONTH	OAY YEAR	2b. HOUR
	3 SEX	(JED)	TI RACE	S. DATE OF BIRTH	A AGE (III	YEARS (AST BIRTHDAY)	6 /9	IFUNDER 24 HRS
	3 317	MALE	Black	Mayth gay	TEAR AS I	86 YR	MONTHS DAYS	HOURS MIN
5	70. BI	RTHPLACE (STATE OR FOREIGN	TO SA	? 8. MARRIED NEVER MARI WIDOWED DIVOR	RIED 📙	ORE CITY OR COUN		MD.
	13	ALTIMEN S	11. NAME OF HOSPITAL, NURS I PENASY VONG AV	E ALLASING CA+		DRK FOR MOST OF WORKING		OF BUSINESS OR
5	13a. S	TATE O ISB COUR	PROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. GITY OR TO	MONTO NO TES MO	0 10.	LADDRES BNA	MYLE	4
0			TUNSPACEL	15. MOTHER'S MA	AIDEN NAME / 50	N Moore	LA	ST
1			RMED FORCES? 166 SOCIAL SEC /E WAR OR DATES)	CURITY NO. 17 INFORMANT	1 /3 663	4 1030	BRNA	1864
		PART I. DEATH WAS CAUSE IMMEDIAN Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c)	te Pulma DENCE OF DENCE OF	ang Em	bolism.	Few	MATE INTERVAL ONSET AND DEATH
	TION	Jenalise	CONDITIONS CONTRIBUTING TO	nosis, Diabel	te Melli	• •	July 1	Da OB
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	h Operation was performe	D 200 AU		YES, WERE FINDI RTIFYING CAUSES YES []	
1	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	ATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	Y OCCU rre d (enter	NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2) COUNTY	STATE
	٧	WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hospi	ntol) ottended the deceosed fram.	28,1	9	3.6		that (I) (we) last
			ot view the body after death.	DEGREE	NDING MEDICA		22c. DATE	
		SHAWKAT	OR PRINT) Y ' KHAN	220. ADDRESS	ents po-	in Blood	Ball	MONIZ
	23a. B	BURIAL, CREMATION, REMOVAL	3 70/79 23c	NAME OF CEMETERY OR CREA	AATORY 234 LO	CATION FORTOWN 7 C	Motifix	STATE

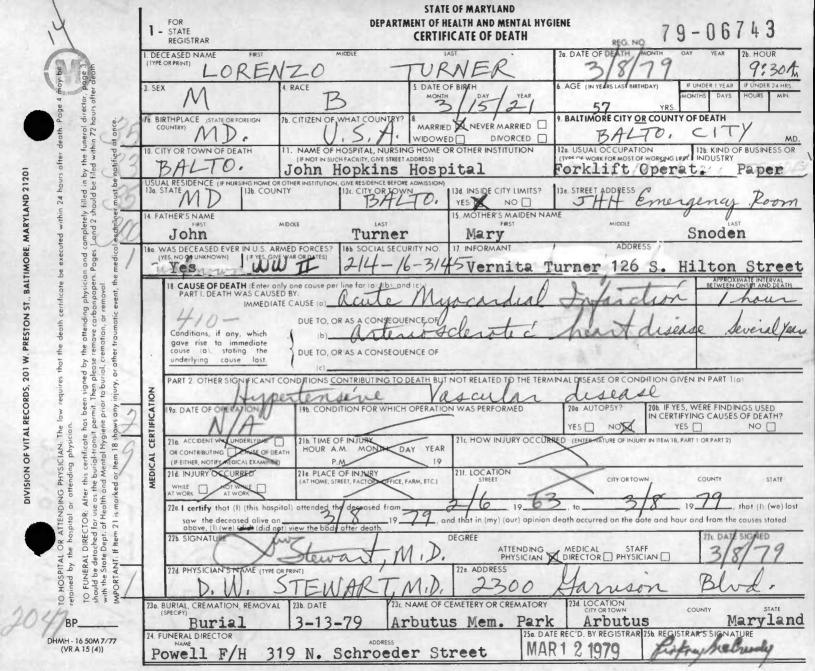
250. DATE REC'D

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1979

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))



8-100-3 Stored Boylin . The Control of the C THE RESIDENCE OF THE PERSON OF Turing 3-13-79 - Arthurus Tem. Park Lightung Cownli Fin 319 .. Sonroscen Street Marianwoll

FOR

- STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-06744

	TYPE	CEASED NAME OR PRINT)	FIRST SANDR		AIDOLE		IANSKY	,	20. DATE OF	DEATH M	ONTH 19	DAY YEAR	26 HOUR 6: 25A
	3. SE)			4 RACE Whi	ite	S. DATE O		1976	6 AGE (INYE	EARS LAST BIRTH	DAY)	IF UNDER 1 YEAR	F UNDER 24 HRS HOURS MIN
25	CC	RTHPLACE (STATE O		US		WIDOWE		ORCED		ALTIM	ORE		MD,
1	B	altimore	9	THE SUS	HOSPITAL, NURSIN	PRESSI N		PITAL		occupation of the control of the con		12b. KIND O	F BUSINESS OR
	730. S	MD	URSING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	admission)	13d INSIDE CI	TY LIMITS?	13e. 886 6	Para	adis	e Lane	
50	14. FA	Richa	rd *	J. T	Jgiańsky			Sharo		MIDDLE .		Hosk	
2	160 V	VAS DECEASED EVI	U.S. AR	WED FORCES?	220/89/		Mr. F		d J.			em as (fath	
4	2	PART I. DEATH	WAS CAUSE	BY:	line for (a), (b), and Respirato		rest					-	CALLATES
))		Conditions, if an gove rise to i	mmediate		RAS A CONSEQUE	C	seps is					46	ks,
-		cause (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF a warming a couse last.							6 cm				
	TION				ONTRIBUTING TO D				NAL DISEASI	E OR COND	ITION GIV	EN IN PART 10	# 1
/	CERTIFICATION	19a DATE OF OPER			TION FOR WHICH	OPERATION	WAS PERFOR	RMED	YES X	NO 🗌	IN CERTIF	S, WERE FINDING CAUSES S	
9		210. ACCIDENT WAS LOR CONTRIBUTING [CAUSE OF DEA	TH HOUR A./	M. MONTH DA	Y YEAR	21c. HOW IN.	IURY OCCURRI	ED JENTER NA	TURE OF INJURY	IN ITEM 18, P	ART 1 OR PAR1 2)	
	MEDICAL	21d. INJURY OCCU	WHILE WORK	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATIO STREET	N		CITY OR TOWN		COUNTY	STATE
		220.1 certify that sow the dece obave. (1) (we	ased alive on	al) ottended the	197	Octob 9 . on		, 19 <u>*78</u> (aur) opinion d	eath occurre	d on the dat	e ond hou	19 <u>79</u> , r and from the	that (I) (we) last causes stated
	1	22b. SIGNATURE	Chain					TTENDING HYSICIAN	MEDICAL DIRECTOR	STAFF		3/12	SIGNED
		22d. PHYSICIAN'S	TIDHA	PRINT)			22e ADDRESS						
	23a B	URIAL, CREMATION	N, REMOVAL	236. DATE			Haven	REMATORY Mem Pl		TION R TOWN	irnde	COUNTY	STATE MD
	24 FU S:	ingletor	n Fune		ome, G1				REC'P. BY R	1979	b. PEGIS	LARLY SABATA	heady

DHMH - 16 50M 7/77 (VR A 15 (4))

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TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove corban papers, pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	O		
(TYP	ECEASED NAME PE OR PRINTI	FIRST		ELMINA	Ĺ	ILRICH		MONTH DAY	79 26. HOU	
3 SE	Female	4	RACE	Vhite	S. DATE C		6 AGE (IN YEARS LAST BIRT	YRS.		
	BIRTHPLACE (STATE OR FO COUNTRY) Maryla		CITIZEN OF V	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D DIVORCED	9. BALTIMORE CITY O BALT I MOR		DEATH	
BA	LT I MORE		(IF NOT IN SUCI	AGNES H	ADDRESS)	TAL	12a. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOUSEWILE	F WORKING LIFE)	126. KIND OF BUSINE INDUSTRY Dwn Hom	
13a	UAL RESIDENCE (IF NURS STATE Md	Balti	THER INSTITUTION, Y MOTE	GIVE RESIDENCE BEFORE 130. CITY OR TOW Baltin	E AOMISSION) /N NOTE	13d. INSIDE CITY LIMITS? YES NO	13e 5440 Addi	ington R	Road	
16a	FATHER'S NAME FIRST Frederi WAS DECEASED EVER (YES, NO GRUNKNOWN)	ck		Lerch 166. SOCIAL SECU 213-74-	JRITY NO.	15 MOTHER'S MAIDEN NAI FIRST Carolina 17 INFORMANT Viola G. Wis	MIDDLE ADDRE	es #13)reschler	
100	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last			HEHOP	1751	5				
	gove rise to imm couse (o), stotin underlying couse	which nediote og the lost	(b)	R AS A CONSEOUI	N - N ENCE OF	10 AUTORSY				
TIFICATION	gove rise to imm couse (o), stotin underlying couse	which nediote g the lost	DUE TO, OF	ON KYOW RAS A CONSEOUR DITRIBUTING TO TYPENT	N - N ENCE OF DEATH BUT ENS	NOT RELATED TO THE TERM		DITION GIVEN	/ERE FINDINGS USEI	
MEDICAL CERTIFICATION	gove rise to imm couse (a), stotin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNE OR CONTRIBUTING (FETHER, NOTIFY MEDIC 21d. INJURY OCCUR!	which mediate go the lost NIFICANI CO	(b) DUE TO, OF ONDITIONS CC	ON KNOW RAS A CONSEQUE ONTRIBUTING TO ONTRIBUTING TO TION FOR WHICH FINJURY M. MONTH D. M.	N - N ENCE OF DEATH BUT EN S H OPERATIO AY YEAR 19	NOT RELATED TO THE TERM	20a. AUTOPSY? YES \(\text{NO} \(\text{NO} \)	20b. IF YES, WIN CERTIFYIN YES THE TIEM 18, PART 1	VERE FINDINGS USE IG CAUSES OF DEAT	
	gove rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	which mediate go the lost NIFICANI CO	DUE TO, OF CONDITIONS	ON KHOW R AS A CONSEQUID ONTRIBUTING TO ONTRIBUTING ONTRIBUTING TO ONTRIB	N - N ENCE OF DEATH BUT E N S H OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM NOT RELATED TO THE TERM 1216. HOW INJURY OCCURING 1211. LOCATION STREET 29. 19.79 and that in (my) (our) Depinion DEGREE ATTENDING	20d. AUTOPSY? YES NO CHYOR TOV TO 3 2 CHYOR TOV MEDICAL STA	20b. IF YES, WIN CERTIFYIN YES CRY IN ITEM 18, PART I	/ERE FINDINGS USE IG CAUSES OF DEAT NO [1 ORPART 2)	
MEDICAL	gove rise to improve the couse (a), stotin underlying couse (b), stotin underlying couse (b). The couse (b) and the couse (b) and the couse (b) and the couse (b) and the couse (c) and the cous	which nediate g the lost which nediate g the lost will be considered and the constant of the c	DUE TO, OF (C) ONDITIONS CONDITIONS CONDITIO	ON KHOW R AS A CONSEQUE ONTRIBUTING TO Y PERT TION FOR WHICH FINJURY M. MONTH D. OF INJURY GET, FACTORY, OFFICE. ofter death. 19 Ofter death.	N - N ENCE OF DEATH BUT OF N S H OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM NOT RELATED TO THE TERM 1216. HOW INJURY OCCURING 1211. LOCATION STREET 29. 19.79 and that in (my) (our) Depinion DEGREE ATTENDING	20a. AUTOPSY? YES NO NO CITY OR TOV deoth occurred on the di	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18, PART I	COUNTY SI 220. DATE SIGNED 2 / 2 5 / 1	

1630 Edmondson Ave Catonsville, Md. 21228

DHMH-16 50M7/77 (VR A 15 (4))

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STATE OF MARYLAND

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D		FOR STATE REGISTRAR				CERTIFIC	ATE OF DE			REG. NO		9 -	06	746
-		CEASED NAME OR PRINTI	FIRST		MIDDLE	LAST			20 DATE O		HTMOM	OAY	YEAR	2b. HOUR
(1)		JACCO-LL-	JOHN			-	ENTINE			RCH 6				1:00
11	3. SEX			RACE		5. DATE OF E	DAY	YEAR	6. AGE (IN Y	EARS LAST BIRT	(HDAY)	MONT	HS DAYS	HOURS 2
#	7a BII	Male RTHPLACE STATE OR FO	205/24/	White	WHAT COUNTRY?	1	15	09	9. BALTIMO		YRS.		DEATH	
500		DUNTRY)	JACIGN 11			MARRIED	NEVERMA			233			DEATH	
8//	10. CI	Unkn.	TH 1		kn. HOSPITAL, NURSIN	WIDOWED [RCED K	120 USUAL	alto.			2h KIND C	F BUSINES
35		Balto.		Chur	ch Hosp.	ADDRESS]				K FOR MOST OF			NDUSTRY	
most be	USUA 13e S	AL RESIDENCE (IF NURSI TATE Md.	ING HOME OR O	THER INSTITUTION Y	13c CITY OR TOW Balto.	/N 13	d. INSIDE CITY	LIMITS?	13e STREET	ADDRESS River	view	Δτε	9	
ine	14 FA	THER'S NAME			LAST		MOTHER'S A	AAIDEN NAA			A T C W	2200		
Exa. 3/	7	Austin	MI	DOLE	STELL	6	WIDDLE			Ba	ker			
	16a. W	AS DECEASED EVER I			Valentin		. INFORMAN			ADDRE	SS		Da	KEI
medico		es, no or unknown)	(IF YES, GIVE W	AR OR DATES	275-01-5	2015								
fic event,		PART I. DEATH W.	IMMEDIATE	CAUSE (o)	TERMIN.		ASTAL	IC CA	RCINC	OMA O	DE P	ROS	TATE	
injury,	ATION		which which mediate g the lost.	DUE TO, O O	DR AS A CONSEQUI	ENCE OF	DT RELATED TO	O THE TERMI		e or cone	DITION G	ES, WE	N PART 1(NGS USED
ws any injury, or other froum	TIFICATION	Conditions, if any, gove rise to imm couse (a), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT	which nediote g the lost.	DUE TO, O DUE TO, O DUE TO, O CO CO DODITIONS C	OR AS A CONSEQUI	ENCE OF	DT RELATED TO	O THE TERMI	NAL DISEAS	E OR CONE	DITION G	ES, WE	N PART 1(c	NGS USED
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or Item 18 shows ony injury, or other troum	MEDICAL CERTIFICATION	Conditions, if any, gove rise to imm couse (a), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT NO RECEN 21a. ACCIDENT WAS UND OR CONTRIBUTING C	which nediate g the lost. WIFICANT CO	DUE TO, O DUE TO, O DUE TO, O CC) INDITIONS C IND. COND E RATI ZIB. TIME C HOUR A P. 21e. PLACE	OR AS A CONSEQUIDOR AS A CONSEQUIDOR AS A CONSEQUIDOR FOR WHICH ON ON ON THE PROPERTY OF THE P	ENCE OF ENCE OF DEATH BUT NO OPERATION V AY YEAR 19 2	OT RELATED TO	O THE TERMI	NAL DISEAS	E OR CONE DPSY? NO	20b. IF Y IN CERT	ES, WE TIFYING YES	N PART 160	NGS USED
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3-06716 Secretary of the State of the S

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oy be	ooge 3 death			EASED NAME FIRST DR PRINT)	ine E. V	on Pe	ST F RIDTH	20 DATE OF DEATH MON	3 23 79 10:10 Am
9 90	Her		J. 3EA	Female	White	MONTH	A3 12	66	MONTHS DAYS HOURS MIN
40 A	ouce.	20		THPLACE (STATE OR FOREIGN UNTRY)	Th CITIZEN OF WHAT COUNTS USA	MARRIED WIDOWEI	NEVER MARRIED DIVORCED	BALTIMORE CITY OR CO	CITY OF DEATH MD.
rs offer d	by th filed	45		PAITO	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE SE	DAMANA	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO) Adm. Aide	RKING LIFE) INDUSTRY CIVIL Ser-
AND 213	ly filled in should be	35	13a S	ma	R OTHER INSTITUTION GIVE RESIDENCE BE NTY 13c. CITY OR T		13d. INSIDE CITY DMITS YES NO 1	1405 K	ings way Rd.
MAKTI ed with	and 2 s	300		THER'S NAME FIRST VILLIAM	H. Schi	ffler	Mary	MIDDLE	Harris
BALIIMORE, a	Pages 1	7		AS DECEASED EVER IN U.S. AR. (IF YES, GIVE	RMED FORCES? 166 SOCIALS E WAR OR DATES) 215-1	46911	John F.	ADDRESS VanPelt	Same
· 4	ding physician arbanpapers. or remaval.			PART I. DEATH WAS CAUSE	TE CAUSE (a)	stat:	ic Color	n CA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESIONS	by the attendiase remove care, it, cremation, at	5		Conditions, if any, which gave rise to immediate cause in stating the underlying cause last	DUE TO, OR AS A CONSE			Art of the	
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I RECO	ite has been usit permit. I		CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 201	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
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IVISION IG PHYS	s the burn and Me		MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN	CTOR: Aft			saw the deceased alive an above, (1) (we) (did) (did no	march 23 ot) view the body ofter death.	9 79 on		78 to March 2 inion depth occurred on the date of	7 , 1977 , that (1) (we) last and hour and from the causes stated
TAL OR	d by the nost INERAL DIREC I be detoched the State Dept.		<	Daris M.	46h	m.	ATTENDIN PHYSICIA	NG MEDICAL STAFF AN DIRECTOR PHYSICIAN	22c. DATE SIGNED 3/23/79
TO HOSPITAL O	TO FUNERAL C should be deto with the State L	1		Davis M.	Hahn		SGOI	Lock Raven	Blud. 21239
7.59	ē ≓ ₹ 3 ≤ BP		23a. B	urial, cremation, removal Burial	3/26/79	Parkwo		Balto.	County, Md.
	- 16 50M 1/76 R A 15 (4))		24.FL	Neral Director Henry		07.0		MAR 2 7 1979	REDISTRAR'S SI

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FOR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE 20 DATE OF DEATH 26. HOUR 53 IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ammakes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNT

and that in (my laur) apinion death occurred on the date and hour and fram the causes stated

22c. DATE SIGNED

DIRECTOR PHYSICIAN

Pentland Drive Balto. Md. 21234

DHMH - 16 50M 7/77 (VR A 15 (4))

NO [

STATE

STATE

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

FOR

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(VRA 15(4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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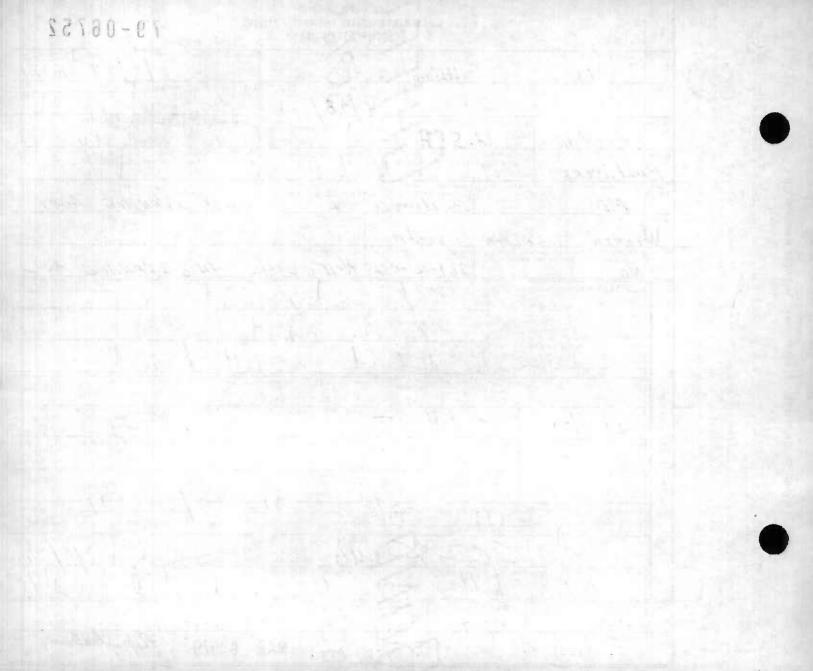
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BALTIMORE	DURS AFTER DEATH 8. GWE PAGES 1, WITH FORM PM 17. PAGES 1 AND 2 DIVISION OF VITA	16a W	AS DECEASED	EVER IN U.S. A	ARMED FO		16b. SOCIAL SE 219-07-	CURITY NO.	Mrs.	Milde	red (.	Voge.	Limon Limon	zewa!	M. 2	1230 on Blvd.
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•	LEXAMINER: RE CERTIFICATE OULD BE FOR ALDIRECTOR: H, WITH THE S MARYLAND, 2			y that I taak ched free I have	aran of the	rax.	cribed above, he	Surf.	M.D. Dep	Inspection is is in the second of the second	Undetern		er ,	in my api DATE SIGNED		25/79
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21.02	BP	(5	PECIFY)	Burial	3/2	9/79	Glen	Haven I	Memori	al Pa	nk Gle	en Bur	nie A	nne j	Arunde	Md.
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_	11.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE 7	9-06754
)		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	3 0010.
e ω €		CEASED NAME FIRST	WIOOLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
d d	_	Geneviev		Voge1	3-7-19	9 AM
e B	3. SE	female	White	5 DATE OF BIRTH MONTH OAY YEAR 13 3	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
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of the footified with		altimore	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET LOW SECOND		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker	12b. KIND OF BUSINESS OR INDUSTRY
haur be fin t	USU.	AL RESIDENCE (IF NURSING HOME OR COTATE 136 COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE	AOMISSION)		
fille ould	150.	ind.	Y 130 CITY OR TOW		507 S. Fulton	Avenue 21223
tely 2 sh	14. FA	ATHER'S NAME	DOLE LAST	15. MOTHER'S MAIDEN N.	AME	Wallace
w ba buo was	1		H. Cavana		e Louise	Stallings
xecut nd ca ges 1		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECU	Q		le, Md. 21234
Poge exe	,	NO NO	214-12-	2146 Mr. Louis H	. Voge1, 2608 Je	
sicio pers al.		18 CAUSE OF DEATH Enter only	one cause partine for (a), (b), an		(C)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy onpo		PART I, DEATH WAS CAUSED IMMEDIATE	CAUSE IN TRA	FABLE VULTE	NARY EDENTA	4 done
ding orbo		410-	DUE TO OR AS A CONSEQUE	HICE OF A	1 2-	3. /
deat deat ove c fion,		Conditions, if any, which	(b) All	le H (76 CAPI) LA	L INFARTION	- DAYS.
the the emo		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSECULA	NEE OR		Vicala
so that the death certificate be executed within 24 haurs led by the attending physician and campletely filled in by please remove carbon papers. Pages 1 and 2 should be fill unit, cremation, or removal.		underlying couse lost	(c) /d	JH1) =	\	YEARING
equires signed Then pla to buria	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
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he lo on. has t per ene	Ĭ					IFYING CAUSES OF DEATH?
SICIAN: The ng physicion certificate hiriol-transit entil Hygiel frem 18 should be a shoul	E E	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
SICIA ng ph rial-tr rial-tr frem	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	AY YEAR		
G PHYSICIAN: otherating physicians cert this certifical the burial-transaction and Mental Hyked at Item 18	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION	CITY OR TOWN	COUNTY STATE
VG P offer ter t sthe hand	2	WHILE NOT WHILE AT WORK	(A) HOME, STREET, PACTORY, OFFICE, P	ARM, ETC)	7 7	-G
0 0 E	9	220 I certify that (I) (this hospital	I) ottended the deceased from_	19 19		, 19, that (I) (we) lost
R ATTEN hospitol RECTOR ned for up ppt. af He		saw the deceased alive an above, (1) (we) (did) (did not)	view the body after depth.	ond that in (my) (aur) apinion	death accurred on the date and ha	ur and from the causes stated
		226. SIGNATURS		DEGREE		22c. DATE SIGNED
AL O the O AL Did ate Description of the Did ate Description of the De		IN K	telem (0)	MO. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/02-19
HOSPITAL ined by 1 FUNERAL ould be det to the State		22d. PHYSICIAN'S NAME (TYPE OR F	D -A -	27e ADDRESS	4. 00	0 - 4 0
TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined to with the State IMPORTANT: If		MARGEHAD	1. ALBUER		Survivor 1	UK-SHAENA MAS
11) 12	230 E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY
9 BP	24 51	Burial JNERAL DIRECTOR		oudon Park Cemeter	ry Baltimore Cit	y, Maryland
DHMH - 16 50M 7/77 (VR A 15 (4))	24 1		ADDRESS			Fray Metrody
		Hubbard Funera	al Home, Inc. 410	07 Wilkens Ave MA	1 0 10/0	/ /

FOR - STATE

in by th

STATE OF MARYLAND

CEDTIFICATE OF DEATH

79-06755

_	REGISTRAR			CENTI	ICAIL OI D	EMITT	REG. NO.			
	CEASED NAME	FIRST	MIDDLE		LAST		20 DATE OF DEATH M	ONTH DAY	YEAR	25. HOUR
(TIPE	OR PRINT)	arles	10	0.53	Vnaelr	nan		3 18	79	130A
3 SEX	X	4 RAC	E	S. DATE	OF BIRTH	110011	& AGE (IN YEARS LAST BIRTHE	AY) IF UN	DER 1 YEAR	IF UNDER 24 HRS
	MALE		WHITE	MON	0 07	93	0.5	MONTH	S DAYS	HOURS MIN.
	RTHPLACE (STATE OF FORE		IZEN OF WHAT CO	DIALIZANO A			85 BALTIMORE,CITY OR	COUNTY OF D	EATH	
CC	OUNTRY)			MARRI	D X NEVER A	_	BALTT	MORE C		
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10.0	BALTIMO	RE	NOT IN SUCH CATILITY,	AGNES MENIO	SPITAL	IIOION	(TYPE OF WORK FOR MOST OF		DUSTRY	RO2 INE22 O
_							ADMINISTRAT	0 1	FIRE I	DEPT.
13e. S	AL RESIDENCE (IF NURSING	B COUNTY		ENCE BEFORE ADMISSION OR TOWN	134 INSIDE C	ITY LIMITS?	130. STREET ADDRESS	I	BALTO	. CITY
M	ARYLAND		BAL	TIMORE	YES 🔯	NO 🗆	772 W. CRO	OSS STRE	SET.	21230
14 FA	ATHER'S NAME	MIDDLE		LAST		MAIDEN NAM				
	CHARLES	L.	VOGE	LMAN		ANNIE	T.		ROC	GAN
	VAS DECEASED EVER IN			IAL SECURITY NO	17 INFORMA	NT	ADDRES	5		
(4	YES, NO OR UNKNOWN) (1	IF YES, GIVE WAR OR	216	-40-1783	EDNA 1	3. VOGE	LMAN, 772 W.	CROSS	STREE	रम
	N CAUSE OF BEATH	C-1						T		ATE INTERVAL
	PART I. DEATH WAS	CAUSED BY	cause per line for (c	oi, (bi, and ici.)	00/0/	2-			BETWEEN ON	ISET AND DEATH
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	Conditions, if ony, w	vhich ((b) Al	Leevide	hohi	1.te our	1 Della	se:		
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z	PART 2 OTHER SIGNIF	1 -0		TING TO DEATH BU	NOT RELATED	TO THE TERMI	NAL DISEASE OR CONDI	TION GIVEN IN	PART 1(o	
CERTIFICATION	Her	u ples								
N N	190 DATE OF OPERATIO	DN √ 19t	6 CONDITION FO	R WHICH OPERATIO	N WAS PERFO	RMED		206. IF YES, WER		
1							YES NO	YES 🗌		NO 🗌
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	OR CONTRIBUTING CAU	JUL OF DEALER		NTH DAY YEAR						
MEDICAL	214 INJURY OCCURRED		P.M. PLACE OF INJUR	19	211 LOCATIO)N				
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	saw the deceased obove, (I) (we) (did	CITAC OIL	21ch 18m		nd that in (my)	(our) opinion d	leath occurred on the date	e and hour and	from the co	ouses stated
	226. SIGNATURE	(did fid) view	me budy differ ded	un,	DEGREE M	0 63	Emaza	17	2c. DATE S	IGNED
	11. PM		-1			TTENDING _	MEDICAL _ STAFF		7.1.	0 120
4	1	me cha	7) //		-	HYSICIAN _	DIRECTOR PHYSICIA	N L	711	0 11
	228. PHYSICIAN'S NAM	E (TYPE OR PRINT)			22e ADDRES	S	1 1	0 11	00 1	
	Dr. Levi	ckas			1900	So. Ca	ton Ave. 1	salto.	Md.	312
23a B	BURIAL, CREMATION, RE	MOVAL 236.	DATE	23c. NAME OF	CEMETERY OR C	REMATORY	23d LOCATION			STATE
			3-21-79	LOUDON	DADV		BALTIMORE	The second second	MARY	
	BURIAL	1 1 2	3-//							
23a B	SPECIFY)					REMATORY	CITY OR TOWN	CTTV	The second second	77

INC.

4107 WILKENS AVE.

DHMH-16 20M (VRA 15, 4) 7/78

HUBBARD FUNERAL HOME,

should be detached for use as TO FUNERAL DIRECTOR.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME Eccleston 2a. DATE OF DEATH 26 HOUR (TYPE OR PRINT) ECCGLESTON WAINWRIGHT 15 79 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR 20 MALE BLACK LE BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BAITIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED INEVERMARRIED BALTIMORE CITY MARYLAND U.S.A. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 126 USUAL OCCUPATION
(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE CHNTER A eliren DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 1544 Moreland Avenue 130 MARYLAND 13b COUNTY BALTIMORE 13d. INSIDE CITY LIMITS? YES A NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE STEVE WAINWRIGHT MARTHA ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) BALTO., MD. 21218 YES WW 2 212 09 3654 VAMC CLINICAL RECORDS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY 20 4 IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF motion Canditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. pleas 20 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g CERTIFICATION 0 206 IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOR YES [NO F the buriol-tronsit and Mental Hygie 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YFAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION a (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 220.1 certify that (# (this hospital) attended the deceased from MARCH MARCH sow the deceased alive on MARCH 15 and that in (and) (our) opinion death occurred on the date and hour and from the causes stated above, \$ (we) + (did not) view the bady after death TO FUNERAL DIRECT should be detached for with the State Dept. a 226. SIGNATURE DEGREE 22c, DATE SIGNED = ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D MPORTANT: 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 3900 Loch Raven Blvd. Balto. Md 21218 23d. LOCATION 230. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATOR 23b. DATE STATE COUNTY 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

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injury, ar other traumotic event, the

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DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-06757

	1 -	FOR STATE REGISTRAR			HEALTH AND MENTAL HY	GIENE 7	9-067	57
	1 DEC	CEASED NAME FIRST	MIDDL	E	LAST		MONTH DAY YEA	AR 26 HOUR
a	(TYPE	OR PRINT) AGNES	HE	ELEN W	ALKER		MARCH 3, 1	979 5:30AM
	3. SEX		RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1	YEAR IF UNDER 24 HRS
		Female	Island A. o	MONT		61	YRS.	DAYS HOURS MIN
		RTHPLACE (STATE OR FOREIGN	White	T COUNTRY?		9 BALTIMORE CITY C		Н
E	-	enna.	USA	MARRIE	ED NEVER MARRIED L	BALTIMO	RE CITY	MD.
4			1. NAME OF HOSE	PITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ION 126. KIN	ND OF BUSINESS OR
f.		BALTIMORE	UNION	MEMORIAL HO		Type of work for most of tamining C		V t
1	13a S	AL RESIDENCE (IF NURSING HOME OR) TATE 13b. COUN		CITY OR TOWN	134. INSIDE CITY LIMITS?	13e STREET ADDRESS		
9		ryland		Baltimore	YES NO		Cole Sprin	g Lane
	14 FA		IDDLE	LAST	15 MOTHER'S MAIDEN NA	MIDDLE		LAST
76		Ignatius		kowski	Stella		Majews	
	16a W	VAS DECEASED EVER IN U.S. ARA	WAR OR DATES)	SOCIAL SECURITY NO.	17 INFORMANT	ADDRE		21218
		NO OR UNKNOWN) (IF YES, GIVE	16	68-09-0788	Cecelia Nowa	kowski 4415		
		18 CAUSE OF DEATH Enter onl	y one couse per line	far (o), (b), and (c), I	/ /		BETV	PROXIMATE INTERVAL
ĕ		PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (D)	ardiac +	trrhythm	145		
		410-	DUE TO, OR AS	A CONSEQUENCE OF				
		Conditions, if any, which	((b) M	Mocardia!	Inforction	n - Anoxie		days
		gove rise to immediate cause (a), stating the	DUE TO, OR AS	A CONSEQUENCE OF		Entep	helopathy	
Œ	VA.	underlying couse last.	((c) //y	pertensive	Cardioyascu	lar Dis		45
H	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONT	RIBUTING TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PAR	RT Bron
	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	
	TEIC	the artist with the said				YES TO NOT	IN CERTIFYING CALL	NO []
3	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF IN.		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PAR	17 2)
		OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M.	MONTH DAY YEAR				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF It	NJURY	211 LOCATION			
	ME	WHILE NOT WHILE THE AT WORK	(AT HOME, STREET, F	FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
3		22a. I certify that (I) (this hospit	ol) ottended the de	ceosed from	19	, to	. 19	, that (I) (we) last
Ξ		sow the deceased alive on obove, (1) (we) (did) (did not		19	and that in (my) (aur) opinion	deoth occurred on the d	ate and hour and from	n the couses stated
		22b. SIGNAFORE	view the body offe	O Contraction	DEGREE		234. 0	DATE SIGNED
		Barriet	L. La	inex. 6	ATTENDING PHYSICIAN	MEDICAL STA		4/11/79
	149	220. PHYSICIAN'S NAME (TYPE OR	PRINT)	1	22e ADDRESS	_ billerion _ jillion		1"/
1		DANNITCHED I	DATNEC	TD M D	LINTON MEN	MORIAL HOSPI	TAT.	
ų .	23a P	BANNISTER L. BURIAL, CREMATION, REMOVAL	23b DATE		CEMETERY OR CREMATORY	23d LOCATION		
	(:	SPECIFY) Burial	3/6/79		more National	CITY OR TOWN	ore City	Md.
	24 FU	UNERAL DIRECTOR			25a. DA	TE REC'D. BY REGISTRAR	25h. RECISTRAR'S SI	
	Mi	tchell-Wiedefel	d Home 65	OO York Rd.	21212	4070	perfrage	correctly

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	3/9/79 (1991, 1991,	
	June 4507 (em) to. 21212 A	blandari-lister

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4	1-	FOR STATE REGISTRAR		MENT OF HEALT	MARYLAND HAND MENTAL HY CERTIFICATE OF	GIENE Z. A. C	6760
		CEASED NAME FRIST	MIODLE		LAST	20. DATE KNOWN & M	ONTH DAY YEAR 26 HOUR
# % % % F	(TY	PE OR PRINT) RANDO	OLPH	WALE	ŒR	OF ESTI.	2 16,079
PLEASE UNFELES. OF FOLIRS	3. SE:		S DATE OF BIRTH	6. AGE (IN YEARS IF US LAST BIRTHOAY) MONT	NDER 1 YR. IF UNDER 2	PRONOLINCED	2 16 1979 12:01
	70. B	IRTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARR	HED NEVER MARRIEI	- D-34-1	OUNTY OF DEATH
FILM TO THE PAGE WE FILED	10. C	Baltimore	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE 2252 Linder	STREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF V FOR MOST OF WORKING LIFE)	VORK 126, KIND OF BUSINESS OR INDUSTRY
AND 1 RECORD		AL RESIDENCE (IF IN NURSING HOME TATE 13b. COUN		CE BEFORE ADMISSION YOR TOWN	13d. INSIDE CITY LIMITS?	3. STREET ADDRESS	
DEATH OF AND 2 S	14. F.	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN	NAME	LAST
BALTIMORE URS AFTER DE 8. GNE PAGE WITH FORM PAGES 1 A DIVISION OF	160. \	NAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SC WAR OR DATES	OCIAL SECURITY NO.	17 INFORMANT	Grines-2	309 Callow 4
6, 301 W, PRESTON ST., RECUTED WITHIN 24 HO ST IN PENCIL IN ITEM 31. AL EXAMINER ALONG BURIAL TRANSIT PERMIT AND MENTAL HYGIENE. ONLOR REMOVAL.	NO	PART I DEATH WAS CAUSE	(b) DUE TO, OR AS A CO	round of che		1 (α).	BETWEEN ONSET AND DEATH
F VITAL RECORD TE SHOULD BE ENOUGH THE CHEEN MEDIT THE	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION V	VAS PERFORMED?		20. AUTOPSY? YES 🎞 NO □
ERTIFICANO THE TO TO TO THE SHOULD TH	MEDICAL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTI 12: OLIXX 2- 21e. PLACE OF INJURY STREET, FACTORY, FARM, house	H DAY YEAR -16- 19 79 ST Y (AT HOME, 211. LC	ow INJURY OCCURRED LIBOURD STABLE STREET LINDEN AVE	CITY OR TOWN	COUNTY STATE Md •
MEDICAL EXAMINER: CUTT HE CERTIFICATE, E. 4. SHOULD BE FORK FUNERAL DIRECTOR: F RR DEATH, WITH THE S' LIMORE, MARYLAND, 21	2	270. I certify that I taak chardeath resulted from: Natu	ge of the remains described at oral causes . Acciden	oave, held an Auta;	Inspection Hamicide X TITLE (SPECIFY) A.D. Assistant	Inquiry , and in Undetermined manner ,	my opinion DATE 2-16-79
10/BP	24. 8	URIAL REMATION REMOVAL	128/19 1	NAME OF COMETELY OF	~~	23 LOCATION HITY OR 1894N CD BY REGISTRART	Selvery Van
DHMH - 17 (VR A15 ME (5)) 15M 7/76		het San	1095/2	W. Wort	2 MIHKG.	1 19/9	/

79-06/50 STATE OF THE STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE REG.	9-0	6761	
П	1. DE	CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DA	. , , , ,	2b HOUR
ч		Arthur			Wall	Manager Co.		3 2:	1 79	M
	3. SE		4 RACE		S. DATE C		6. AGE (IN YEARS LAST B		FUNDER I YEAR	F UNDER 24 HRS
		Male	Black		MONT	14 02	76	YRS		THOUSE MIN
	7a 81	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	_		
0		N.C.	USA		WIDOWE		1	imore		MD.
4		Balto.	(IF NOTIN SUC Uni	on Memo:	rial	Park	12a USUAL OCCUPA {TYPE OF WORK FOR MOST		12b KIND OF INDUSTRY	BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	R OTHER INSTITUTION NTY	Balto.	admission) N	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS	Belve	edere	Ave.
90	14 FA	THER'S NAME FIRST John	WIDDLE	Wall LAST	100	15. MOTHER'S MAIDEN NAMER SERVER Annie			LAST	
		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADD	RESS		
	()	(IF YES, GIV	E WAR OR DATES)	578-14	-167	B Lillian	C. Wall	1007		vedere
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per ED BY. TE CAUSE (o)	CARPIC	PU	LMONARY	AARE	ST		HOURS
		185-		R AS A CONSEQUE	NCE OF	PERSONAL PROPERTY.	11 (CLV)		15.51	
		Conditions, if ony, which gove rise to immediate	(b)							
		couse 101, stating the underlying couse lost	DUE TO, O	r as a conseque	NCE OF					
	NOI	BENIGN &				NOT RELATED TO THE TERM			PROST	ATE
2	CERTIFICATION	3/8/79	BPH	TION FOR WHICH	PRO	STATE	200 AUTOPSY?		WERE FINDING ING CAUSES (
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEPLIES OF D		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN.	IURY IN ITEM 18, PAR	T 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE		ARM, ETC.)	21f LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
		27a. I certify that (I) (the hospi sow the deceased alive on above, (I) (we) (July (did no	3/2	19 0	3/	nd that in (my) (con) opinion o	ta 3/2	dote and hour	9 29, the	nat (I) () last
		22b. SICHATURE		ordsla		DEGREE ATTENDING		AFF	22c. DATE S	
		James E. N	Noulsda	le, M.D		22e ADDRESS Vill		coss K		10
	23a 8	SURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
	24 51	Burial	3/26/	/9 Pi	edmo	nt Mem. Cem		oint,		05
	24 FL	Wm C March 1	F/H 1	L101 E.	Nort		2 7 1979	20.0	ar's signatu	
		THE CLICK OIL	-/		-1010		W 1010			_

5 1	/	oms 5,6 g530) 4/4/79 g.			E OF MARYLAND EALTH AND MEN		ENE					
		REGISTRAR	IRST	CERTIFICATE OF DEATH				REG. NO. 79-06762					
0 th 0		OR PRINT)	LEN	1.	1.	ALLAC	I DAIC OF DEATH	3 -	14. 79	7:50K			
000	3. SE		4 RACE	4.	5 DATE C	F BIRTH		& AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
(HONE	F EMA LE		WH	WHITE			95	75 74 YRS MONTHS			AYS HOURS MIN		
in 72 di	1	IRTHPLACE (STATE OR FORE) OUNTRY) MARYLAND	GN 75 CITIZEN O	76. CITIZEN OF WHAT COUNTRY?		D NEVER MAR		BALT MORE CITY			MC		
by the filled with	10 C	"BXLY" MORE	(IF NOT INS	11. NAME OF HOSPITAL, NURSING HOME C					128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER				
should be	130.	AL RESIDENCE (IF NURSING STATE 131 MARYLAND ATHER'S NAME	HOME OR OTHER INSTITUTION COUNTY	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMITY 131. CITY OR TOWN BALT IMORE		134. INSIDE CITY LIMITS?		13e STREET ADDRESS	ARK AVE	RK AVENUE			
Pages 1 and 2 sh		GUSTAV	MIDDLE	WAGN!		LIN	T	MIDDLE		UNKNOWN	V		
			U.S. ARMED FORCES? YES, GIVE WAR OR DATES)			17 INFORMANT				OSTOCK,			
ers. P	-	NO		217-48-		LEWIS R. WALI		ACE, 37 WI	TCHTRI		12498		
physic emoval event, t		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CAMPIO PULMONARY ACRUST						21		BETWEEN	INSET AND DEATH		
01 2 2		1/6											
nave carb ation, ar traumatic		Conditions, if ony, which (b) CONDRAWUACUAR ACCUANT											
by the o ase remo I, cremat ather tro		gove rise to immediate couse (a), stating the UDE TO, OR AS A CONSEQUENCE OF underlying couse lost.											
has been signed to permit. Then pleatene prior to burial ows any injury, ar	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
	CERTIFICATION	190 DATE OF OPERATIO	N 196 CON	196 CONDITION FOR WHICH OPERATION			ED	200 AUTOPSY? 200. IF YES, WERE FIN IN CERTIFYING CAUS			NDINGS USED SES OF DEATH? NO		
ental Hyg		710. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E	SE OF DEATH HOUR	OF INJURY A.M. MONTH [P.M.	DAY YEAR	21c HOW INJUR	RY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, I	PART I OR PART 2)			
os the bu	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		E OF INJURY STREET, FACTORY, OFFICE	, FARM, ETC)	211 LOCATION STREET		CITY OF TO	VN	COUNTY	STATE		
USE OF IS THE OFF		27e certify that (1) (this haspital) attended the deceased from 19, to 19, that (1) (we) say the deceased alive an 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated											
ched for ched for sept of hem 21		sow the deceased obove, (I) (we), reliable 27b. SIGNATURE	did not view the boo	ly ofter death.		DEGREE				22c. DATE			
Stote CANT. #	-	27d. PHYSICIAN'S NAME (TYPE OR PLINT) A STAFF SIU 76 27d. PHYSICIAN DIRECTOR PHYSICIAN											
Should be de with the Stot	22-		H. 10141	[22	NIAME OF C	ST. AGNI		SPITAL 900	CATO	N AVENU	E, 21229		
1	230	BURIAL, CREMATION, RE/ SPECIFY) BURIAL				RE NATION		BALT IMOR	E CTTY	COUNTY MARY	LAND		
MH-16 20M	24 F	UNERAL DIRECTOR		ADDRESS		21229		REC'D. BY REGISTRAR					
15, 4) 7/78	I	TUBBARD FUNE	RAL HOME,	INC., 410	07 WIL	KENS AVE.	.LMAR	1 6 1979	purp	7	7_		

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19-06/05				
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	1037 E	-	The frank	
leave from Labour gold madmid	4.1.1	1		FILM
Many de la company de la compa	Land British	274768		

director, page 3 hours after death

pup

the attending physician and corremove carbon papers. Pages 1

should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been

injury, or other traumatic event, the

at ance.

may be

STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00701

1	1	REGISTRAR			CERTII	FICATE OF DEATH	REG. NO	19-	n p 1	04	
	1. DE	CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	ONTH DAY	YEAR	26 HOUR	
	() ()		Wallis				March 8.	1979		10:50 PM	
	3. SE		4. RACE			OF BIRTH	6 AGE (IN YEARS LAST BIRTH		ERIYEAR	IF UNDER 24 HRS	
		Male	Whit		MONT	v 25. 1892	86	YRS.	DAYS	HOURS MIN.	
1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY OR COUNTY OF DEATH				
3	C	Marvland	USA		MARRIE	D NEVER MARRIED DIVORCED	Politima	Odd		MD.	
	10. C	TY OR TOWN OF DEATH	11. NAME OF		IG HOME	OR OTHER INSTITUTION	Baltimore City 120 USUAL OCCUPATION 125 KIND OF BUSINESS (
/	1	Baltimore	3618	H FACILITY, GIVE STREET			(TYPE OF WORK FOR MOST OF	DUSTRY			
	USU,	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	KE SWICK			Mechanic		heet	Metal	
1	13o S	STATE 136 CO	YTMU	13c. CITY OR TOW			13e STREET ADDRESS				
-	14 FA	Md THER'S NAME		Baltimo	re	YES X NO	3618 Keswi	ck Road			
ar		FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST		
H	140 14	Robert V		166 SOCIAL SECU	DITYLIG	Mary Wa	ADDRES	_			
1		(IF YES, C	SIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT					
1		yes W	NI	216 07	8279	A Barbara Wal	lis 3618 K			211	
		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU		2-	erese		V		APPROXIMA BETWEEN ON	ATE INTERVAL	
	-6	IMMED		197	6						
1		185-	DUE TO, O	R AS A CONSEQUE	NCE OF	, ,	notate		479		
П	15	Conditions, if ony, which		111	G.						
н	- 3	gove rise to immediate couse (0), stating the	1,210								
	66	underlying couse lost.	(c)								
	~	PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN	PART Ho		
	CERTIFICATION										
4	CA	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	FINDING	S USED F DEATH?		
La	ZT IF	8.11.70	Gro	stateu	Con	annie	YES NO	YES [LAUSES O	NO [
13	-	210. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY M. MONTH DA	V YEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR	PART 2]		
1	MEDICAL	OR CONTRIBUTING CAUSE OF I	D-MITTELL TO		19						
	EDI	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATION	CITY OR TOWN				
ч	Σ	WHILE NOT WHILE THE AT WORK	(AI HOME, SIK	EET, FACTORY, OFFICE, F	AKM, ETC.)	SINCE	CITORIOWN	COL	NIY	STATE	
		22a.1 certify that (this has				16 19 74		, 19 7	9 the	at (1) (we) last	
		sow the deceased alive- above, (I) (we) (did) (did	on /~	3 19 7	9-	nd that in (my) (our) opinion o	death accurred on the date	ond hour and f	rom the co	uses stated	
73		22b. SIGNATURE	non view me dody	oner deom.		DEGREE		22	c. DATE SE	GNED	
п		Laure 4	f. Pina	41	1	ATTENDING PHYSICIAN	MEDICAL STAFF		2 - 9	.79	
1		22d. PHYSICIAN'S NAME (TYPE	E OR PRINT)		- /	22e. ADDRESS	- DINECTOR EL PHITOLOP		,		
		Lawrence	1. 56	lim Q 4 4 1	un	3716 Fells	Ad Bal	timera	MA	312 16	
	230 B	URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY		71 PVL " F M	pr 1 QL	21-16	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

COUNTY

STATE

Burial 3/
24 FUNERAL DIRECTOR
Burgee Funeral Home Park Cemetery Woodlawn Bal.
250 DATE REC'D. BY REGISTRAR 256 REGIS
21211 NAR 9 1979 3631 Falls Road

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			10.0		

Burges Pulgral Home 3632 Talls Boat 2221 MAR 9 1979

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO REGISTRAR DECEASED NAME 20. DATE KNOWN TO (TYPE OR PRINT) OF ESTI-3 CHARLES WALTERS 30 DE LINDER 24 HRS 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 2c. DATE 2d. HOUR YEAR LAST BIRTHDAY) MONTHS PRONOUNCED 1:20 915 63 YRS 1079 3. DEAD male white 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED OREIGN COUNTRY) MARYLAND WIDOWED DIVORCED Baltimore City 12b. KIND OF BUSINESS ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE) Johns Hopkins Hospital FITTER Baltimore YTI USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY 438 N. LUZERNE BALTO. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME W UNIE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO, OR UNKNOWN) I HE YES, GIVE WAR OR DATES 215-09-4825 Frene M. Walters - 438 N. Q DIVISIO · (4, 64 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d.) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES XX NO [E 3 SHOULD BE E DEPARTMENT (PRIOR TO BURIA 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 71. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK Inquiry 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Natural causes X deoth resulted from: Accident. Suicide Homicide Undetermined monner DIRECT TITLE (SPECIFY) ACTUAL DATE EXECUTE THE C EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V BALTIMORE, MA SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME , Ann M. Dixon, M.D. 111 Penn St. ADDRESS 230 BURIAL CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY BURIAL MORELAND EMORIAL BP 250. DATE REC'D. BY REGISTRAR THE FUNERAL DIRECTO **DHMH** - 17 1979 (VR A15 ME (5

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINT Walters Margaret Marv 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MRS Female Cauc. To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED Maryland U.S. Baltimore City DIVORCED EITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Agnes Hospital Retired/Baker AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1136. COLINITY
1137. CITY OR TOWN 20229 13d. INSIDE CITY LIMITS? Md. Baltimore Wedgewood Road 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Albert Nellie Bapisteller McGain IN WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Vista Ave (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Catherine Pecukonis Ferndale, Md. 216-20-0565 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY tastali IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Squamon gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per NOF YES [NO [sho 71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 71d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 19.75 220.1 certify that (1) (this haspital) attended the deceased from _ saw the deceased alive on_ and that in (my) (a) apinian death accurred on the date and haur and from the causes stated abave, (1) (we) (did not) view the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should be Joseph Miller. M.D. St. Agnes Hospital, Baltimore, Md. 0 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION Baltimore, Maryland New Cathedral Burial 250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 7/73 uman (VRA 15 (4))

	I	tems 7a,7b,8 g5	531 5/24	/79 gj	STATI	OF MARYLAND			
	1.	FOR STATE		DEPARTM		EALTH AND MENTAL HYG	SIENE	79-06	767
		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	01 9 - 00	101
		CEASED NAME FIRST		WIDDIE		AST	20 DATE OF DEATH	MONTH OAY	YEAR 26 HOUR
be 3		Herber	t		Wa	rd	March 24,	1979	12:45P
	3 SE	× M I	4 RACE		5 DATE C		& AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DAYS HOURS MIN
7		MAIL	15/1	ACK.	MONTH	9 1901	77	YRS	
- (D)		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	ATH
1 1 X Y	Ų.	N.C.	USA	Dev. Dive	WIDOWE	D DIVORCED	Baltimore	City	MD.
1 / 1/2	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF BUSINESS OR
5 1 M		altimore	Maryl	land Gener	al Ho	spital	Builder	-0.	
BALTIMORE, MARYLAND 2120 cote be executed within 24 light system and completely filled in the opers. Pages 1 and 2 should in the val. it, the medical examiner mut bot.	13a S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION	131. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	. 0	- F- F- 323
AND n 24 n 24 n 24		Md.		BAH	2	YES NO	13e. STREET ADDRESS	e Cullo	h
RYL, vithii 12 st	14. FA	ATHER S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE		LAST
noted wo		YNK				UNK			
ORE,	160 V	VAS DECEASED EVER IN U.S. AF	E WAR OR DATES	166 SOCIAL SECUP		17 INFORMANT	ADDRI		
on ond on ond or ones				241 10-42	133A	Mrs. 6/0R	LIA HUNTER		sethune Rd
BALT ote b		18 CAUSE OF DEATH Enter of	nly one couse pe					86	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ST., I		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	Aspiratio	n of	Gastric Conte	ents		
on the corbin of the corp.		436-	DUE TO, C	OR AS A CONSEQUE	NCE OF			13/2	
dear dear dear dear dear dear dear dear		Conditions, if any, which	((b)_	Possible	Cereb	rovascular Ac	ccident		
W. PRESTON of the death control of the ottendings or cremoting, or cremoting, or other traumotic		gove rise to immediate couse ia, stating the	DUE TO, C	OR AS A CONSEQUE	NCE OF				
ol W d by leose ial, cr	- 1	underlying cause lost.	(c)						
2 502	7	PART 2 OTHER SIGNIFICANT	conditions <u>c</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	ART 1(a)
	CERTIFICATION					to the state of			
. RECON re e low re nos been permit. ne prior ws any i	N.	190 DATE OF OPERATION	19b CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C.	AUSES OF DEATH?
TAL RI The lo	RTIF			26 5 1 1 1 1 2 1		Tab How blury accuse	YES NO K	YES 🗌	NO []
N OF VITA SICIAN: TI ng physici certificate inal-transit entof Hygi		21a. ACCIDENT WAS UNDERLYING CAUSE OF DE	ned 1.100.1.00 A		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I OR P.	ART 2)
NOF SICIA ng ph certif unal-th	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P	.M.	19	ALL LOCATION			
//SION 3 PHY thending the but the but ond M	MED	21d INJURY OCCURRED WHILE NOT WHILE		OF INJURY FREET, FACTORY, OFFICE, FA	RM, ETC.)	211 LOCATION STREET	CITY OR TO	wn coun	NTY STATE
		AT WORK AT WORK		60	here	7 7 79	March	24 70	9
7		220.1 certify that 1 (this hosp saw the deceased alive or	March	24 from 10	9	d that in ((V) (aur) apinion	, 10		, tho table (we) last
		abave XiX we I did I did X	view the body	y after death		DEGREE	deam occorred on the d		. DATE SIGNED
0 0 0 0 5		M. SASSMITTHE DL		ær.	1	ATTENDING	_ MEDICAL STA	FF	2/10/110
O HOSPITAL O etoined by the TO FUNERAL D should be detoc with the Stote DA MPORTANT; if I		228, PHYSICIANIS NAME (TYPE C	2000	1208		PHYSICIAN L	DIRECTOR PHYSIC	CIAN	1-1/1/
OSP Bed In the Strate Strate		CANU D DAG	NER,	M. h			-d Comment	Wagnaf to 1	
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Store I		GITT F. FW		100	4 ME OF 0	EMETERY OR CREMATORY	nd General 1	nospitai	
Silvhon	230 (BURIAL, CREMATION, REMOVAL	3-29				23d. LOCATION CITY OR TOWN	COUNTY	M d STATE
144 3 BP	_	UNERAL DIRECTOR	3 17	17	lew	CAThedral 1250 DAT	E REC'D. BY REGISTRAR	75h REGWSTRAP'S ST	IGNATIVE
DHMH - 16 60M 1/75 (VR A 15 (4))	1	NAME .	10-1	AODRESS		MVI			returney
(((/	NA	MES A. MORTON	1701	hAUR EN	VS Z	, , , , , , , , , , , , , , , , , , , ,	, , , 1010	1 /	

ATE OF MARYLAND	
F HEALTH AND MENTAL	HYGIENE
TIFICATE OF DEATH	

51

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

	1.	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE REG. NO.	79.	-06	768	
a delication of the second		CEASED NAME FIRST OR RICAR	DO (Richard)		ARD	20. DATE OF DEATH MC		YEAR 1979	26 HOUR 7:19 A M	
M)	3. SE	MALE	BLACK	5 DATE O	H DAY YEAR	6. AGE (IN YEAR SLAST BIRTHDAY) 8/12 YRS. 8 1F UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS 7 Z5				
of once.	P	IRTHPLACE BISTATE OR FOREIGNE OUNTRY) BISTATE OR FOREIGNE NARY LAND	76 CITIZEN OF WHAT COUNTRY?	WIDOWE		BALTIMORY	CIT	4	MD.	
notified	3	ALTIMORY, MD		OF M	APYLAND	120 USUAL OCCUPATION		176. KIND OF	F BUSINESS OR	
r must be	130. S	ARYLAND BANTIN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 132, CITY OR TOW BAKIMO	YES NO	130 STREET ADDRESS 1	LLMAP	UZD	21225		
exomine	14 FA	ZI CARDO	MIDDLE WARA		DAWN	WIDDLE		ROW	LETTE	
medicol		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE 0	RMED FORCES? 166 SOCIAL SECU E WAR OR DATES)		DAWN ROWLES	SPELLM	IAN RD			
event, the		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), one ED BY: TE CAUSE (o)		PEST			APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH	
aumotic		4229 Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF	, diagnosed at a	ige 5 months		3 M	or	
or, cremo		gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF	CTION, PRESUME	D, at I month	ofage	7m	02	
ria sur	NOI	NONO	conditions <u>contributing to </u>							
hows on)	CERTIFICATION	NON >	196 CONDITION FOR WHICH			YES P NO	Ob. IF YES, W N CERTIFYIN YES [G CAUSES	GS USED OF DEATH? NO	
Hem 18 s		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY II	NITEM 18, PART	1 OR PART 2)		
n ond M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	,	COUNTY	STATE	
. of Heoli		220.1 certify that (I) (this haspi	MARCH 26 19 1	MARC.	nd that in (my) (our) apinion d	eoth occurred on the dote			that (I) (we) lost causes stated	
ofe Dept		14-1	of Gray		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	N	3 - 2	6-79	
MPORTANT:		JAMES F. CAL	EDMINT) FF/AND		UNIVERSITY of				MD 21201	
3 ≥		BURIAL, CREMATION, REMOVAL SPECIFY)			MEMORIAL	23d. LÖCATION CITY OR TOWN	cor	UNTY	STATE	

BP

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

301.00-02

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medicol exominer must be notified of and

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. at Health and Mental Hygiene prior to burial, cremotion, or removal.

attending physicion and completely filled in by the nove carbonpopers. Pages 1 and 2 should be filed wi

	FOR
-	STATE
	DEC ICTO . D

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

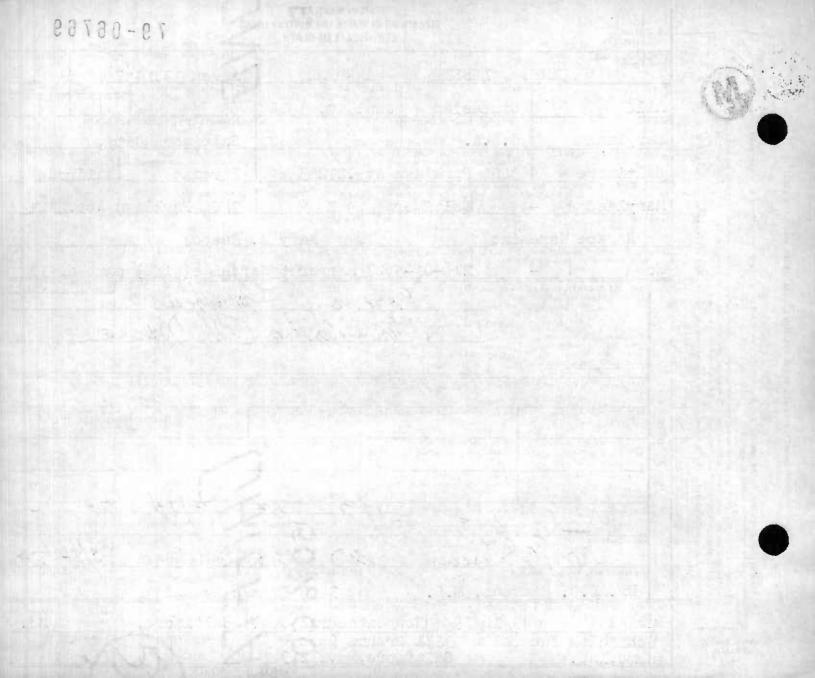
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	1	REGISTRAR				CERTIF	ICATE OF DEATI	H	REG. N	19-00	1 0 3	
3		CEASED NAME	FIRST		MIDDLE		AST	Т		MONTH DAY YE	AR 2b f	HOUR
	11112		OBER	RT LE	SLIE	WA	REHIME		March 1	3. 1979		м
	3. SE)	(1 3/2	4 RACE		S. DATE C			6. AGE (IN YEARS LAST BIRT	THOAY IF UNDER I	YEAR IF UN	NDER 24 HRS
	Ma	le		Cauca	sian	Jan		14	65	YRS		IK2 Wild
5-	7a. BII	RTHPLACE (STATE OR FO	DREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIE	0 0	BALTIMORE CITY O	OR COUNTY OF DEAT	н	
5	Ma	ryland		U.S.A		WIDOWE	D DIVORCE	0	Baltimo	re City.		MD.
1	10 CI	TY OR TOWN OF DEA	тн		HOSPITAL, NURSIN		OR OTHER INSTITUTION	NC	12a USUAL OCCUPATI			SINESS OR
16		ltimore			Parklaw		e.21213		Fireman	Ra	ilro	ad
20	13a. S		136 COU		13c. CITY OR TOW	N	13d. INSIDE CITY LIM	AITS?	13e. STREET ADDRESS			
1		ryland		17824	Baltimo	re	YES X NO [rklawn Ay	re.2	1213
200	III FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAID FIRST		MIDDLE		LAST	
1/6		Horace						y E.	Reeves	56.6		
1	(Y	VAS DECEASED EVER (ES, NO OR UNKNOWN)		RMED FORCES? E WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT					
1	Nc)			216-01-	5627	Margare	t Wa	rehime(w			13
		18 CAUSE OF DEATH	H (Enter a)	nly one cause per	line for (a), (b), ap	ojicili		7	and I	BETY	PROXIMATE VEEN ONSET	AND DEATH
-44				TE CAUSE (a)		070	Morey	VI	Mourosi			
6		410-		DUE TO, O	R AS A CONSEOU	ENCE OF	: 11 7	4	101/1) idas la		
		Conditions, if ony, gove rise to imm		(b)	Gr	XVIII	rocyonor	0	5//	meare		
		couse (o), stofing underlying couse	g the	DUE TO, O	R AS A CONSEQU	ENCE OF						
				(c)								
10	Z	PART 2. OTHER SIGN	HECANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR CON	IDITION GIVEN IN PAR	₹T 1(o)	
0	ICATION	19a DATE OF OPERATION 19b COND			TION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED			
9	IFIC								IN CERTIFYING CAUSES OF DEAT			
4	CERTIF	210. ACCIDENT WAS UND	ERLYING	21b. TIME O			21c. HOW INJURY (OCCURRE		IRY IN ITEM 18, PART 1 OR PAR		2 []
9	-	OR CONTRIBUTING C		Ain	M. MONTH D.	AY YEAR						
	MEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY		211. LOCATION	N. O.				
	×	WHILE NOT WH	HILE	(AT HOME, STR	REET, FACTORY, OFFICE, I	FARM, ETC.)	STREET		CITY OR TOV	WN COUNTY		STATE
		220.1 certify that (I)		ital) attended /h	e deceased from_	1/	19	62	1, 10 3/1	19 19 79	, that	(I) (we) lost
	100	sow the deceose obove, (I) (waste	d olive or	//	b 19	75/01	nd that in (my) (our)	opinion de	eath occurred on the d	ate and hour and from	the cause	es stoted
		22b. SIGNATURE	- did ile	2 0	oner deorg.		DEGREE			22c. C	DATE SIGN	VED)
	0.3		XH	VXIII	m	/	UD ATTEND	DING TO	MEDICAL STAI		114	179
1		224. PHYSICIAN'S NA	AME (TYPE	OR PRIMIT!	10000		22e. ADDRESS				1/	10
/		Dr. L.B	. St	evens.	M.D.		3400 1	Erdm	an Avenu	e	,	
	23a. B	URIAL CREMATION				NAME OF C	EMETERY OR CREMA		23d. LOCATION	COUNTY		STATE
	Bu	rial		3/16/	79 Ne	w Ca	thedral (Cem.	Baltim	ore,		Md.
	24 60	KK19MUHEK	Fur			Breh	ms Lane	So. DATE		25h. REGISTRAR'S SIG	NATURE	
		lome.Inc.		1871.2			Md.2121	3		By ha	P .	

DHMH - 16 50M 7/77 (VR A 15 (4))

Home.Inc.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physicion.



CERTIFICAT

MEDICAL

WHILE

18 shov

morked or Item

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

d	1 - STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 7 9									771	
	1. DECEASED NAME	FIRST		MIDDLE		AST		20. DATE C	OF DEATH	MONTH	DAY YEA	AY YEAR 2b. I		
	(THE OKYKINI)	Made1	in	V.	W	arfie1	d			3/10	/1979		3P M	
	3. SEX		4. RACE		5. DATE C		NE A D	6. AGE (IN	YEARS LAST BIF	THDAY	IF UNDER 1 Y	-	IF UNDER 24 HRS	
	Female Jd. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		Whit	e	May		1892	86 y	YRS.	MONTHS D	AYS	HOURS MIN.		
,			76 CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED XX DIVORCED			9 BALTIMORE CITY OR COUNTY OF DEATH					1,01,00	
7	Maryland		U.S.	1										
7	10. CITY OR TOWN OF D	EATH		HOSPITAL, NURSIN		OR OTHER IN	STITUTION		L OCCUPAT				BUSINESS OR	
è	Baltimore		130 S	. Gilmore	Stre	et 2	1223	Seams	stress	3	Un	Unknown		
7	USUAL RESIDENCE (IF NI. 130. STATE Md.	136 COUI		GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. Baltimore YESXX			CITY LIMITS?	130 S. Gilmore			Stre	et	21223	
	14 FATHER'S NAME		MIDDLE	LAST	3 (80)	15 MOTHE	R'S MAIDEN NA	ME	MIDDLE		LUPIN	LAST		
j	Walter		D.	Rider			Mary		F.			4	att	
	160 WAS DECEASED EVE (YES, NO OR UNKNOWN)		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORA	ANT		ADDR	ESS 212	07	110		
	NO	(# 163, 317	t war on balls,	216-10-	5803	Mr. H	enry Be	rniker	, 362	6 Was	hingt	on_	Ave.	
	PART I. DEATH	WAS CAUSE	ED BY. TE CAUSE (0)	R AS A CONSEQUE	itec	ler	tich.	lear	Kn	sea	DETW	POXIMA EEN ON	ATE INTERVAL NSET AND DEATH	
	C I'm		,											

	nly one couse per line for 10 fb; and ic. DBY. TE CAUSE (0)	mp yv,
4/40	DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which	(b)	
gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	

DATE OF OFERATION	TABLE CONDITION TOR WIT		THE TENTONINED	200 7.01	IN CERTIFYING CAUSI		
				YES 🗌	NO	YES 🗌	№ □
21a. ACCIDENT WAS UNDERLYING ACCONTRIBUTING CAUSE OF DEATH	11b. TIME OF INJURY HOUR A.M. MONTH		21c. HOW INJURY OCCURRE	D (ENTER N	ATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2	
LICETTHER NOTICY MEDIC ALEY AMINED	D AA	10					

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on (did not) view the body ofter death

211 LOCATION

22e. ADDRESS

DEGREE 22c. DATE SIGNED 226. SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

21d INJURY OCCURRED

3506 Eliamont Rd.

200 AUTOPSY?

CITY OR TOWN

Baltmore City

23d. LOCATION

206. IF YES, WERE FINDINGS USED

COUNTY

Maryland

STATE

Dr. Schreiber 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 3/13/79

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Loudon Park Cemetery Ba Balto., Md. 21229 250. DATE REC'D. 24. FUNERAL DIRECTOR

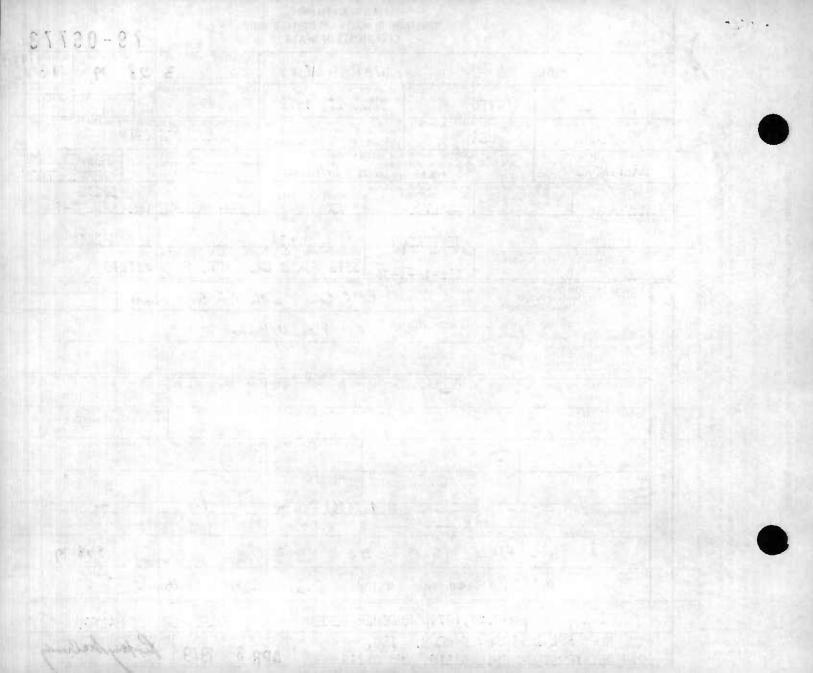
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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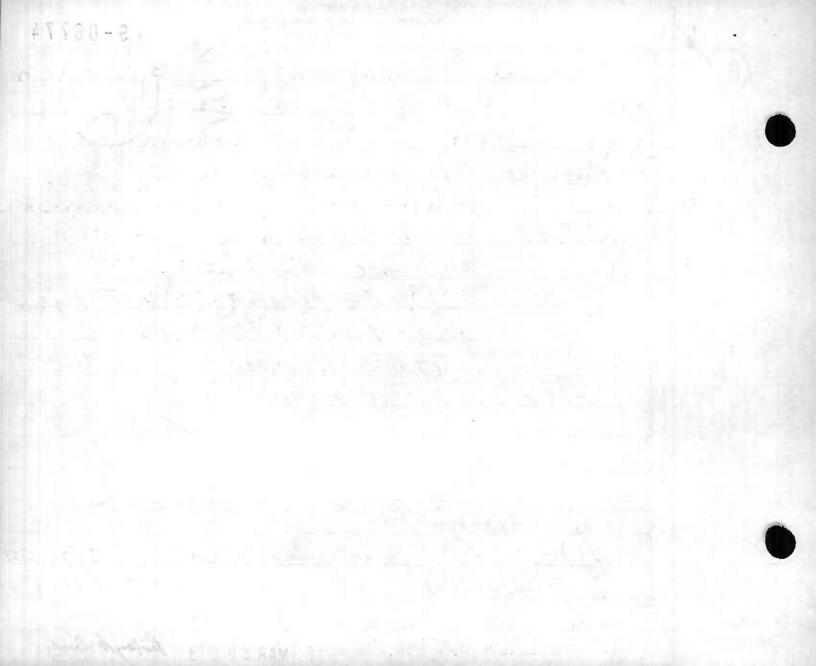
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 79-06774 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINT) manuel VCLSSERMON 3. SEX A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR YEAR ALE DAVS AUCASIAN 81 9 83 70 BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) ACCOUNTING Gent Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 14 FATHER'S NAME ISAAC WASSERMAN DENNISON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORM MRS. RENA WASSERMAN 6807 PARK HGTS AVE. (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 215-10-463 APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on above, (1) (we) fdid) (did not view the body after death and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDIC AT MPORTANI 22d. PHYSIC AN SNAME (TYPE OR PRINT) 22e ADDRESS ld b 1-WCA 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION BURIAL 3-27-79 BALTIMORE OHEB SHALOM CONG MD 24 FUNERAL DIRECTOR SUL LEVINSON & BROS., INC. 25a. DATE REC'D. DHMH - 16 50M 1/76 6010 REISTERSTOWN RD., BALTO., MD 21215 (VR A 15 (4))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06775 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH TYPE OR PRINT exman 3. SEX RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR YEAR MALE AUCASIAN 70 BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR CITY OR TOWN OF DEATH undale Gezialais JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13.637 APARK HGTS 13g STATE 13h COUNTY 113d INSIDE CITY LIMITS? NO 14 FATHER'S NAME JACOB MIDDLE DAVIS WASSERMAN 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 15:01.684 APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line to 101, 161, and PART I. DEATH WAS CAUSED BY. 1 mm-IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES [NO [sho 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Item 18 s HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DIVISION OF MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 220.1 certify that (1) (this hospital) attaggled the deceased from. 1976 sow the deceased alive on and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN & NAME (TYPE OR PRINT) 22e. ADDRESS should be with the 0 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE STATE CITY OR TOWN REMOVAL/BURIAL 3-26-79 BETH DAVID ELMONT 250. DATE REC'D. BY REGISTRAR 256. RESISTRAR'S S. MAY SOL LEVINSON & BROS., INC. DHMH - 16 50M 1/76 1979 (VR A 15 (4)) 6010 REISTERSTOWN RD., BALTO., MD 21215

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06777 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 2a DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) RANKIIN 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER YEAR AUCASIAN 20 -20 70. BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [WIDOWED OWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13g STATE 13b COUNTY CITY OR TOWN 13d INSIDE CITY LIMITS? MA MADRE YES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST hema ronico PRESTON ST., BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h 17 INFORMAN SOCIAL SECURITY NO IYES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES! ladel Batte APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE AS A CONSPOUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be NOT YES [NOF 18 shav Mental Hygie ial-transit 21b. TIME OF INJURY 71m. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINERS P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that dif (this hospital) attended the deceased from saw the deceased prive an above, (1) (we) (did) and that in (any) (aur) apinion death occurred on the date and hour and from the causes stated not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED be detach e State De + ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 25a DATE REC DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

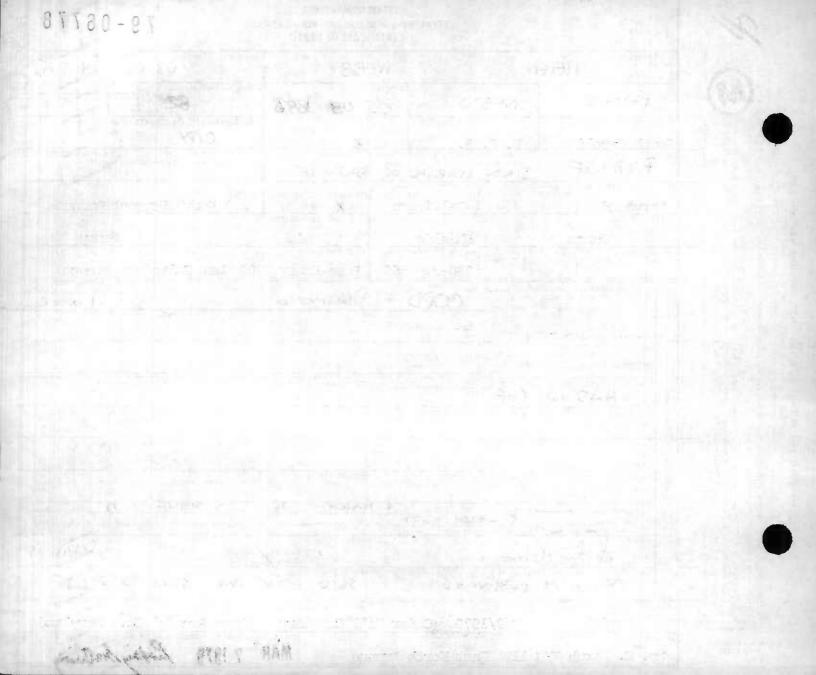
FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-06778



STATE OF MARYLAND

31730-01

DHMH - 16 50M 7/77 (VR A 15 (4))

medical examiner must be notified of once

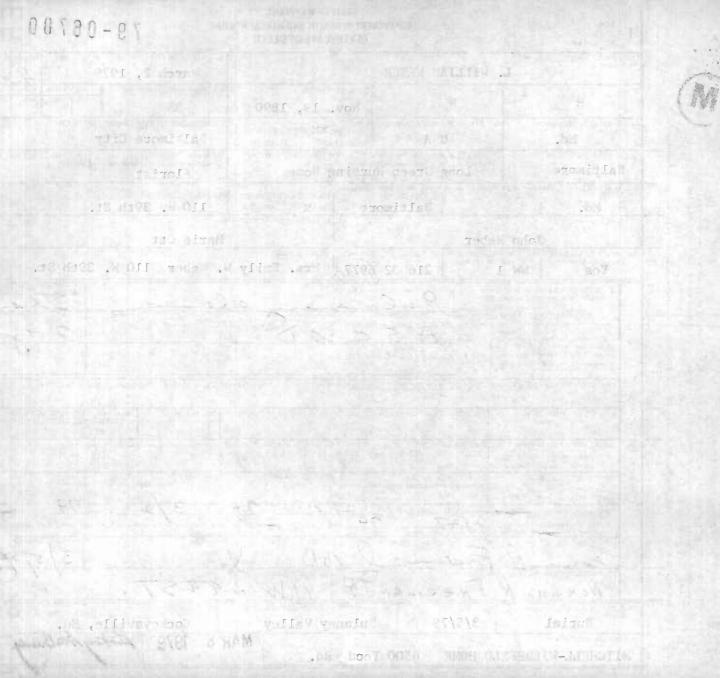
FOR STATE

STATE	E OF I	MARYL	AN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-06780

		REGISTRAR		CERTIFICATE OF DE	REG. N	Ю.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
			. WILLIAM WEI		March 2		4:30 PM
	3. SE)	x M	4 RACE	Nov. 19, 18	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE. MONTHS DAY YRS.	
2	76. 81	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	9 BALTIMORE CITY O	OR COUNTY OF DEATH	
4		Md.	USA	WIDOWED DIV	DRCED Baltimor	e City	MD.
1	E	Baltimore	Long Gree	NURSING HOME OR OTHER INSTITUTE STREET ADDRESS HOME	UTION 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Floris	OF WORKING LIFE) INDUSTE	O OF BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN Md.	ITY 13c CITY C	imore 13d INSIDE CIT	40 □ 110 W. 3	9th St.	
V	14. FA	ATHER'S NAME FIRST John		15. MOTHER'S A	Marie Ott		EAST
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	AL SECURITY NO. 17 INFORMAN			C+
3		Yes WW	1 216	32 6977A Mrs. H	Emily W. Weber 1	10 W. 39th	
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (o).	(b), and (c).	0	BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
п			E CAUSE (a)	Lucian	o do -	3	11
		4292	DUE TO, OR ASA COM	NSEQUENCE OF	7		
	OI S	Canditions, if ony, which	((b) /	5.CV.D		1	30.
4		gove rise to immediate cause (a), stating the	DUE TO, OR AS A COL	NSEQUENCE OF			0
		underlying cause lost.	((c)				
		PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART	1(a)
	O						
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFOR	MED 20a. AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS	
	TE				YES NO	YES [NO [
	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		JRY OCCURRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2	2)
	AL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	IM DAY YEAR			
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION			
	WE	WHILE NOT WHILE AT WORK	LAT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) STREET	CITY OR TO	WN COUNTY	STATE
	-	220.1 certify that (I) (the beauty		2/27	1079 3/3	79	1
		saw the deceased olive on	0/		opinion death occurred on the d	ate and hour and from t	he course stated
		obove, (I) (a did no		DEGREE	— opinion death decented on the d		
		han P.	Freem	- () n. AT	TENDING MEDICAL STA	FF _ 2	SIGNED SIGNED
/		NORMAN K	Freem	AN 22e. ADDRESS	v. 29451	-	
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CR	EMATORY 23d. LOCATION	COUNTY	STATE
	(:	Burial	3/5/79	Dulaney Valle		sville, Md.	STATE
	24. FL	UNERAL DIRECTOR			250 AT FREED. BY TO STRAR	25h PEGISTAR'S AGA	URE .
	M	ITCHELL-WIEDEFE		00 York Rd.	WW// 0 19/3	- The	vuong



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70 06781

1	REGISTRAR			CERTIF	FICATE OF DEATH		REG. NO	1 0 -	010	
1. DE	ECEASED NAME FIRST Matild		MIDDLE	Wegn	ler		h 23			26 HOUR 5: 30 P M
3 SE	Female	4 RACE White		S. DATE O	ог віктн 11 2 1890		EARS LAST BIRTO	YRS.	DER I YEAR	IF UNDER 24 HRS HOURS MIN
7a. B	BIRTHPLACE STATE OR FOREIGN COUNTRYS MARYLAND	76 CITIZEN OF	A.	MARRIE WIDOWI	D NEVER MARRIED DED DIVORCED		timore	R COUNTY OF	DEATH	MD
10 0	Baltimore	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A L ton Nur	DDRESS)	Home		OCCUPATION OF THE		26. KIND OF NDUSTRY	BUSINESS OR
USU 130	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COU		Baltimore	ADMISSION)	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌		ADDRESS Arabi	a Ave.	21	214
	ATHER'S NAME FIRST Frederick	MIDDLE	Fladur	- 63	15. MOTHER'S MAIDEN NA FIRST Matilda		MIDDLE		Marda	ga
16a.	WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	212-30-4		Jerome Fl.	adung	2808	Gibbons	Ave.	21214
Z	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	CONDITIONS CO	1 .		NOT RELATED TO THE TERM	MINAL DISEAS	E OR CONE	DITION GIVEN II	V PART 1(a)	
CERTIFICATION	19a DATE OF OPERATION	196 COND		OPERATIO	ON WAS PERFORMED	20a AUTO	OPSY?	20b. IF YES, WE IN CERTIFYING		
MEDICAL CERT	71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	R) P.	m, month da m,	Y YEAR	21c HOW INJURY OCCUR				OR PART 2)	
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA		211 LOCATION STREET		CITY OR TOW		OUNTY	STATE
	22a.1 certify that (1) (this hasp saw the deceased alive a abave. (1) (we) (did) (did n 22b. SIGNATURE				nd that in (my) (our) opinion DEGREE	deoth occurre	ed on the do	te and hour and	,	
		lung.	vo, ur		ATTENDING	MEDICAL	STAF PHYSIC	F		
	Dr. Raymun		lagno			Ave.,	Bal	timore	Md.	21222
	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY		ATION OR TOWN	cour		STATE Mayurl av

DHMH-16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc.

FOR

Balto. Md.

750. DANTARD. BY PEGINERPARYS S. REGISSIBAR'S SIGNATURE ready

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	gar a liga	The state	1500
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Mill Java enemas 1000 med			

286. DATE

March 16, 1979 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR AONTHS DAYS BALTIMORE CITY OR COUNTY OF DEATH

Baltimore Coty, 12b. KIND OF BUSINESS OR District Sales Manager

6233 Fernway Shillow

ADDRESS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

23c. NAME OF CEMETERY OR CREMATORY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

> CITY OR TOWN COUNTY STATE

22c. DATE SIGNED DIRECTOR PHYSICIAN

STATE

March19,1979 Dulaney Valley Cem. Cockeysville, Maryland 250 DATE REC'D. BY REGISTRAR

23d. LOCATION

DHMH - 16 60M 1/75 (VRA 15 (4))

24. FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc. Towson, Md. 21204 MAR

(SPECIFY)

Burial

230. BURIAL, CREMATION, REMOVAL

STATE

RECUSTRAN



- Newscall College Court -COS de maios - le los hemas com L. Detratil - Cost Surface of Care account of the contract of the

68730-07 La company to the company t MAR 259 1929 LANGE AREA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-06784

FOR

REGISTRAR

- STATE

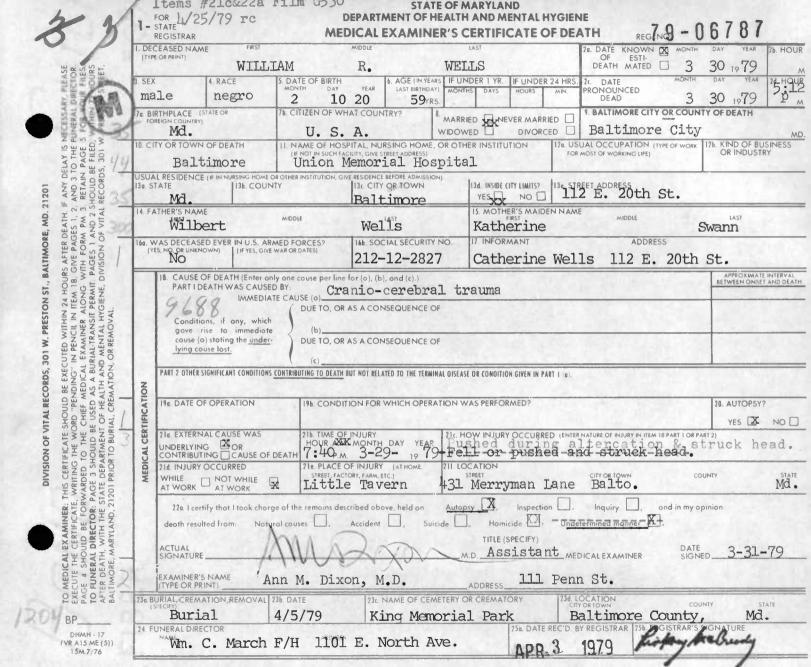
19130-21 A CONTRACTOR OF THE REAL PROPERTY. and the street of the sound of the state of No I Take the Comment of the Comment A STATE OF THE STA A PART SE SPEAK OF THE STATE STATES AND ASSESSED. REMARKS CARL BUTTON TO THE POST OF Samuel Alletie Georgino Through The ALTHER STURY

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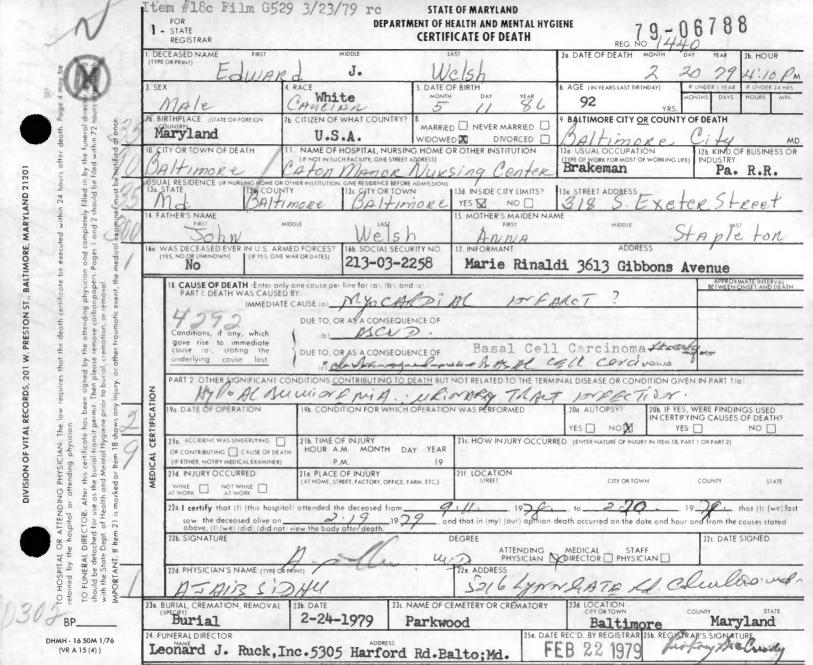
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C B M tables

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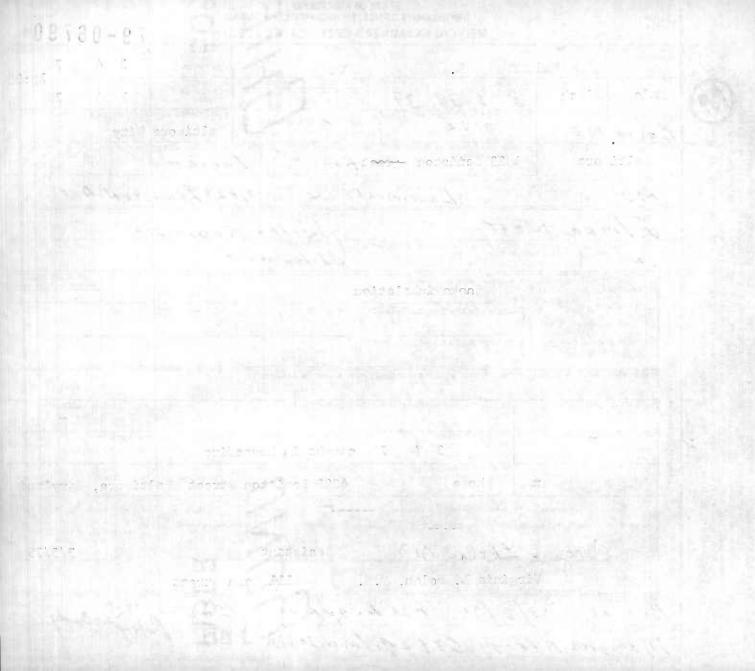


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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME 2R DATE OF DEATH MONTH **ITYPE OR PRINT)** GHORGE WERKING 30-1070 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS MONTH YEAR OAYS HOURS male white Jan 4, 1901 78 years TE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** To. BIRTHPLACE ISTATE OR FOREIGN MARRIED WINEVER MARRIED Virginia USA WIDOWED DIVORCED BALTIMORE CITY ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 176 KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Transfer work for most of working life; INDUSTRY BALTIMORE AGNES HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Md Howard Woodbine 3530 Hipsley Mill Road YES K NO [14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Norman L Werking MIDDLE LAST P Estelle Cooper ADDRESS 16R WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 577 48 2158A Marie S Werking no Woodbine Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 if any, which gove rise to immediate couse to), stating underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO SC YES [sho and Mental Hygie 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINERS 20 21d INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram. 79 sow the deceased alive an_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death. SOQ.M Dept 226 SIGNATURE 22r. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22R ADDRESS should be 900 CATON AVE. BALTIMORE. 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL STATE CITY OF TOWN COUNTY Ft Lincoln Cemetery Brentwood pril 2, 1979 Cremation Pro Georges Md. 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR F. Gasch's Sons P A Hyattsville, Md

DHMH-16 20M (VRA 15, 4) 7/7B

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN MIDDLE DECEASED NAME (TYPE OR PRINT) OF DEATH MATED ERNEST L. WEST YEAR DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS SEX DATE LAST BURTHDAY) PRONOUNCED Ma le Black. DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED Baltimore City BACTE DIVORCED [WIDOWED [O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION, 124 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY POMOST OF WORKING LIFE) 4023 Lewiston Street Ausw Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1.120 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),)
PARTIDEATH WAS CAUSED BY: Smoke inhalation BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, C YES K 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR UNDERLYING caught in housefire MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED home home 4023 Lewiston Street Baltimore, Maryland WHILE AT WORK PAGE STATE (PAGE 4 SHOULD BE FURW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21 220 I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinion Accident X Hamicide Undetermined manner Suicide Natural causes TITLE (SPECIFY) DATE Assistant 3/5/79 SIGNED Virginia L. Dolan, M.D. 111 Penn Street EXAMINER'S NAME TYPE OR PRINT (38 b) 9, /m or SMAR 1999 RAR 256 PMAR 256 DHMH - 17 VR A15 ME (5)) 15M7/76



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) Elizabeth WESTENDORF MARCH 19 4 RACE 3. SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH VEAR MONTHS DAYS HOURS Female White 1904 Jan. To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City Maryland WIDOWED X DIVORCED T ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR Edgewood Nursing INDUSTRY Baltimore Own Home Homemaker USUAL RESIDENCE 18 NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 6105 Bellona Avenue 136 COUNTY 1134. INSIDE CITY LIMITS? Balto. Maryland YES DE NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Whatmough Elizabeth John Bradlev ADDRESS 6 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT I (IF YES, GIVE WAR OR DATES) Mr. G. Forrest Westendorf Md. 213-26-4344 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE YON WITH GENERALIZED Conditions, if ony, which gave rise to immediate ID), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO SKEREE 21n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21L HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21s PLACE OF INJURY CITY OR TOWN COUNTY I AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] STATE NOT WHILE 22a I certify that (1) this haspital) attended the deceased from sow the deceased alive on above (1) we (did) and that in my town ppinion death occurred on the date and hour and from the causes stated desti view the body after death 226. SIGNATURE DEGREE 221 DATE SIGNED ATTENDING & MEDICAL Should be deto with the Stote [DIRECTOR PHYSICIAN 72* ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) Dr. Lloyd E. Saylor, M.D. 3902 Greenmount Ave. Balto. Md. 23a BURIAL, CREMATION, REMOVAL 234 NAME OF CEMETERY OR CREMATORY 234. LOCATION 23b. DATE (SPECIFY) COUNTY STATE Burial Loudon Park Baltimore 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. **DHMH-16 20M** (VRA 15, 4) 7/7B York Road Balto. Md.

FOR

REGISTRAR

STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT

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P.M.

16b. SOCIAL SECURITY NO.

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CERTIF	ICATE OF DEATH	REC	79-06	5/92	
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5 DATE C		6 AGE (IN YEARS LAS		UNDER I YEAR	IF UNDER 4 HRS HOURS MIN
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URSING HOME C STREET ADDRESS)	PROTHER INSTITUTION	TYPE OF WORK FOR MC		126 KIND O INDUSTRY BAKI	F BUSINESS OR
TOWN	131 INSIDE CITY LIMITS?	13e STREET ADDRE	^s Lynview	AVE.	#21215
K	15 MOTHER'S MAIDEN NA	MIDD		GÓ	DOMAN
1-8697	17 INFORMANT MRS 5943 WESTERN		#21209)	
o and ic.	Emia			APPROXI BETWEEN C	MATE INTERVAL DINSET AND DEATH I HE S.
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AR AC	CIDIZNI,		STEEL STEEL		
HICH OPERATION	N WAS PERFORMED	286 AUTOPSY?		WERE FINDIN NG CAUSES	
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FFICE, FARM, ETC.)	211 LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
ram 07	a that in (my) (aur) apinion	death accurred an th	12.62 , 19 ne date and haur a		that (1) (we) last causes stated
			STAFF YSICIAN []	3/2	SIGNED
	LEVINDA	LE GE	RIATR	icc	ENTER
23c. NAME OF C	EMETERY OR CREMATORY KODESH-BETH	ISRAEL B	ALTIMORE"	DUNTY	ARYLAND

24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC.

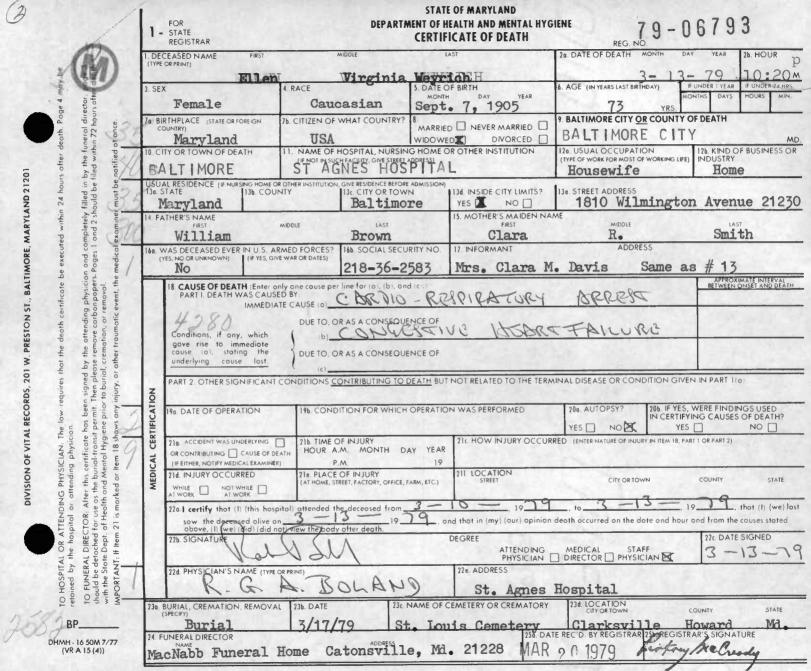
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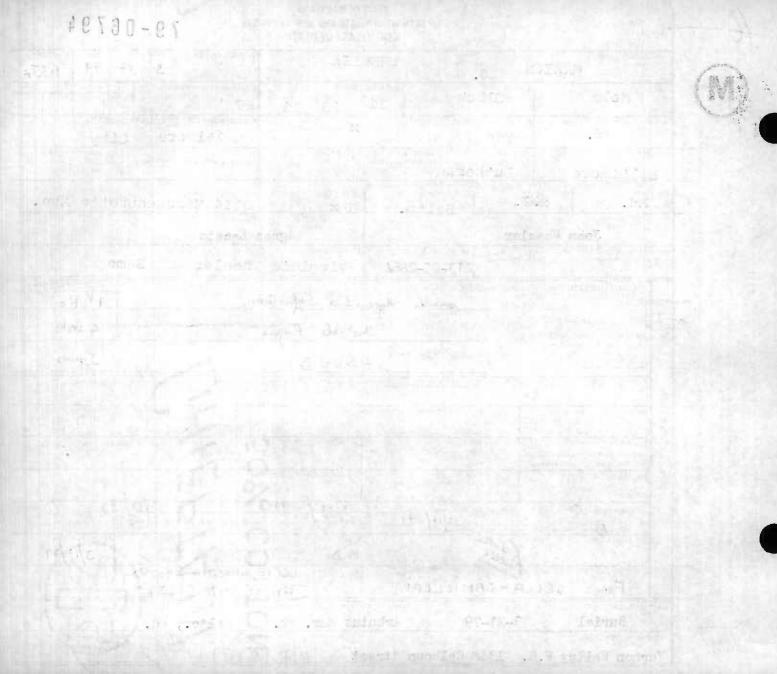


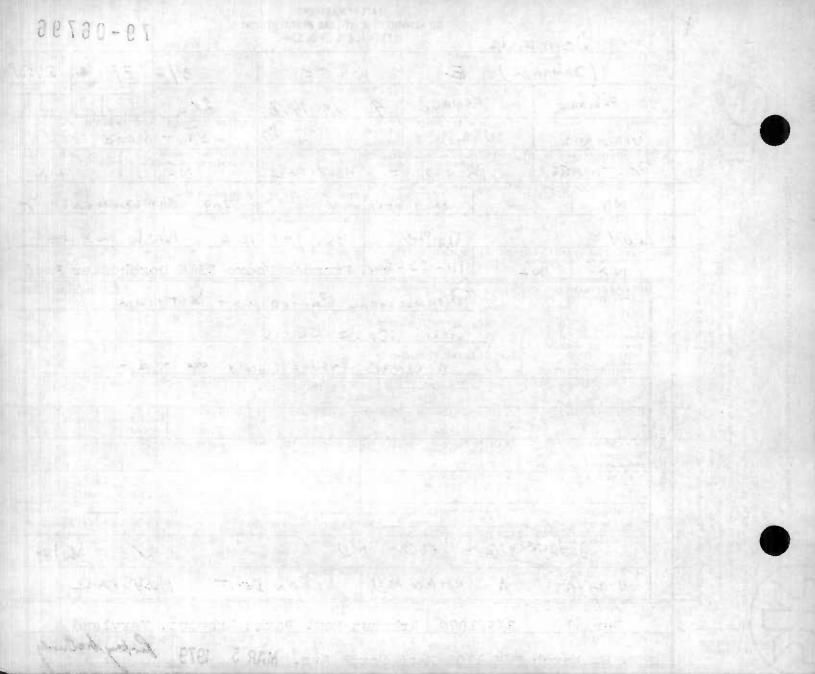
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06798 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 0 IRGINIA 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER YEAR IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH MONTH OAY YEAR DAYS To BIRTHPLACE (STATE OR FOREIGN EN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 7b CIT12 MARRIED NEVER MARRIED WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY__ BALLO USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? BALION 2510 ms Cullett YES -NO F 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIOOLE puo 160. WAS DICEASED EVER IN U.S. ARMED FORCE 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. (YES, NO OR UNITED WITH) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUF TO, OR AS A CONSEQUENCE OF ouar Ian Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last ple PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) DIVISION OF VITAL RECORDS, CERTIFICATI 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO iol-tronsit 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 612 saw the deceased alive on 3 6 7 above, (I) (we) (did) (did not) view the body after death. 19 79 _, and that in (my) (our) opinian death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN be St 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Hospi fel ould E ORT 23a. BURIAL, CREMATION_REMOVAL 23t. NAME OF CEMETERY OR PREMATORS MOITA JOE ATION 23b DATE COUNTY 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4))

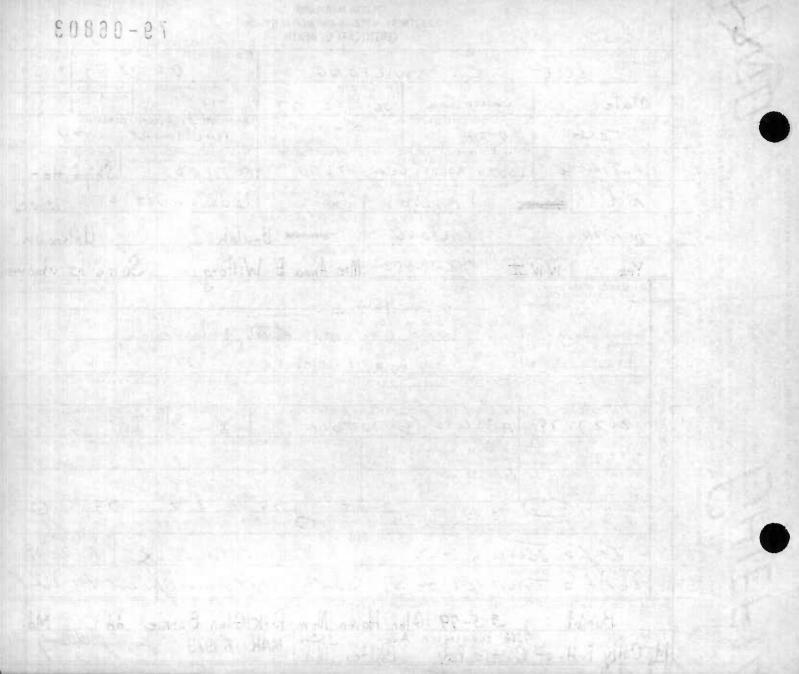
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN X MONTH 7b. HOUR (TYPE OR PRINT) OF ESTI-1079 AUGUSTUS DEATH MATED WHITEHEAD DATE OF BIRTH 4. RACE 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH LAST BIRTHDAY PRONOUNCED 22 white DEAD male PM 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED DIVORCED PAGE 5 E FILED. 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH OR INDUSTRY SUCH FACILITY, GIVE STREET ADDRESS) Ward St. Baltimore 36 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY HIMITS? 13e. STREET ADDRESS 13 STAL 113h COUNTY 13r CUTY OR TOWN NO [] YES D VITAL J 14. FATHER'S NAME 15 MOTHERS MAIDEN NAME AND OF V MIDDLE MIDDLE LAST FIRST 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO MAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION LIF YES, GIVE WAR OR DATES! (YES, NO, OR UNKNOWN) APPROXIMATE INTERVAL 18 /CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Metastatic lung cancer MMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL. lying couse last SED AS A BUR HEALTH AND CREMATION, (PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, OF YES [] NO TO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e. PLACE OF INJURY (AT HOME 21d INJURY OCCURRED STATE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Accident Homicide Undetermined manner death resulted fram: TITLE (SPECIFY) ACTUAL Assistant PAGE 4 SHOU TO FUNERAL DAFTER DEATH, MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St. Ann M. Dixon. TYPE OR PRINT ADDRESS. countr Se. DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5)) 15M 7/76

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	I. DECE	ASED NAME	FIRST		MIDDLE			LAST			20. DATE OF	KNOWN	J X MON	TH DAY	YEAR	2b. HOUR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED X 10 PATIT WIEST 6. AGE (IN YEARS | IF UNDER 1 TR 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 2d. HOUR 12:10 LAST BIRTHDAY PRONOUNCED male white DEAD .1937 MG In BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED DIVORCED Baltimore City Maryland D CITY OF TOWN OF DEATH 12a, USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Baltimore Property Sales Title Co. USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13a STATE HI3h COUNTY 13e STREET ADDRESS Baltimore 5403 Willowmere Wav21212 Md. YEST NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AMPDIE Hilda Paul Berger Wiest DIVISION OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Paul 212-28-21131 Mrs. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Hanging gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES -NO X 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN STEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING TO OR ? PM3-10-Hanged self. CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) WHILE AT WORK TO AT WORK 403 Willownere Way Balto. home Md . Autapsy 22a. I certify that I took charge of the remains described above, held an death resulted from: Natural causes Undetermined manner TITLE (SPECIFY) EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, MA MD Assistant MEDICAL EXAMINER 3-12-79 Virginia L. Dolan, M.D. 111 Penn St. EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial Druid Ridge Pikesvill 25a, DATE REC'D, BY REGISTRAR Henry W. Jenkins & Sons Co. **DHMH-17** (VR A15 ME (5)) York Rd. Balto. Md. 21212 15M 7/76

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FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-06804

1. DECEASED NAME	FIRST	M	MIDDLE	L	127	2	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)										
, Z SK (KIIVI)	John	Mel	hrle	WI	LHIDE		March	9 1	979	2:201
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160 WAS DECEASED EVE					May 17 INFORMANT		Haugh		rtxler	
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214- V-869. Martha Mikes 2902 Festwood Ave.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH TYPE OR PRINTI age 3 deoth WALTER ROBERT WILKINSON 25 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR YEAR HOURS MALE WHITE 12 13 42 a BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND U.S.A WIDOWED BALTIMORE CITY CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE UNIVERSITY OF MARYLAND NKAX Boiler Maken XXX DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 4604 Furley Ave. 13b COUNTY 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE ACCES CONTROL OF CONTROL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Wilkinson Thomas Viriginia Adkins 816-40-1474° ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LIFYES GIVE WAR OR DATEST Albert 6236 Tramore Rd. ROGER WILKINSON MIA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for ia), ib), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) SEPSIS WEEK DUE TO, OR AS A CONSEQUENCE OF IN PNEUMONIA Conditions, if ony, which WEEK gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF underlying couse 6 WEEKS CHRONIC DEBILITATION PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ARCEST PEHIDRATION, SEVERE HYPOYIC BRAIN DAMAGE prior 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? shows 2-14-79 TRACHECTOMY - PROLONGED INTUBATION 216. TIME OF INILIRY 21c. HOW INJURY OCCURRED 71a ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 1979 2-5-220.1 certify that (1) (this haspital) attended the deceased from 3-25 sow the deceosed olive on 3-25 obove, (I) (we) (did) (did not) view the body ofter death. 1979 _, and that in (mg) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL SM MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should b RANDOLPH G. WHIPPS UNIVERSITY HOSPITAL BALTO MO 230 BURIAL CREMATION REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Va. COUNTY Burial Victoria Mar 28.1979 Lakeview Cemeterv 250 DATE REC'D. BY REGISTRAR 251 MEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Leonard J. Ruck, Inc. (VR A 15 (4)) Balto, Md.

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8			1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL H	YGIENE	0 0000
				REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	9-06808
	a (M)			CEASED NAME FIRST OR PRINT)	ELMIRA	Wilkison WISOK	20 DATE OF DEATH MONTH	2 0 /75 /-5 PM
	ge 4 (mg)		3. SE	7	4 RACE	5. DATE OF BIRTH MONTH P.Z - 10-11	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	oth. Page eral direct 72 hours			RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED WOOKED	9 BALTIMORE CITY OR COU	NTY OF DEATH MD.
	is ofter deaby the fune		10. C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR
2120	be be	-/0	USU.	AL RESIDENCE IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) 13d. INSIDE CITY LIMITS?		0 .0 -
RYLAND	hin 24 h	32		THER'S NAME	Dal	YES NO I	1219 Ma	rehall ey
MARY	omplete ond 2	300		FIRST While	MIDDLE LAST	FIRST L	Menous	LAST
BALTIMORE,	be execut			VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 265-34		almo 120	, S. Charles
T., 8AL	physicial movel.			PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), a D BY: TE CAUSE (a)	of me Cardion	willer collapse	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON S	death cer ottending ove carbo tion, or re			514-	DUE TO, OR AS A CONSEQU	JENCE OF		
W. PRES	not the deat by the atter cremove c cremotion,			Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQU	IENCE OF		
05, 201	equires the signed to signed to signed to the please of the please of the signer.	200	Z	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
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ITAL	40 - 00		ERT	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	YES NO 18, PART 1 OR PART 2)
OFV	tyStCIAN: T ding physici is certificate burial-transi Mental Hygi		CAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	3111	AY YEAR 19		
DIVISION OF VITAL	G PHYY offendir ond M ond M		MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	Z - ~ 5			sow the deceased alive an	ital) attended the deceased from.	3 120 , 19 7 75 , and that in (my) (aur) opinio	,	haur and from the causes stated
	OR ATTE DIRECTO oched for Dept. of h			22b. SIGNATURE	O O	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
1	by the state of th			22d. PHYSICIAM'S NAME (TYPE O	RPRINT)	PHYSICIAN 22e. ADDRESS		3/20/75
	TO HOSPIT retained by TO FUNER should be a with the St			Gary	C. Profa	Univ. o7	1 md Hospita	/
130	BP		23a. I	BURIAL CREMATION, REMOVAL	23/23/79/2	NAME OF CEMETERY OR CREMATOR	23d. LOCATION CITY OR TOWN	COUNTY
	DHMH - 16 50M 7/77 (VR A 15 (4))		24. F	NERAL DIRECTOR	6061 Hardoress	12 25a. D	AR 27 1979	SISTRAR'S IGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN IX MONTH (TYPE OR PRINT) Lillian Wille DEATH MATED Н. 12 19 79 6 AGE (IN YEARS IF UNDER 1 YR. IE LINDER 24 HRS DATE 2d HOUR female white LAST BIRTHDAY PRONOLINCEL LO:40 March 18, 1894 84 YRS DEAD 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 76. BIRTHPLACE (STATE OR MARRIED XXIEVER MARRIED FOREIGN COUNTRY USA Baltimore City Maryland DIVORCED IB CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION at home/2928 W. Mosher Street Baltimore Housewife BE WSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 134. INSIDE CITY LIMITS? 13e STREET ADDRESS 2928 W. Mosher St. Baltimore Maryland YES X NO [WITH FORM PM 3. IT. PAGES 1, 2, A WITH FORM PM 3. IT. PAGES 1 AND 2 SH 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Henkell Marie Brunning Anna Henry 166 SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 217-52-7905 Mr. John H. Wille, 2928 W. Mosher St. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 3 (n) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF YES NO X E 3 SHOULD BE E DEPARTMENT O PRIOR TO BURIA 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Inspection X Hamicide Undetermined manner Accident TITLE (SPECIFY) 3/13/79 EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, MA SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 21201 (TYPE OR PRINT) 1236 NAME OF CEMETERY OR CREMATOR 23a BURIAL CREMATION REMOVAL 23b. DATE 3/15/79 Loudon Park Cemetery Baltimore, Maryland Burial 1630 Edmondson Ave., Catonsville MD MARED 5 1979 DHMH - 17 (VR A15 ME (5)) Witzke Funeral Home of Catonsville, P.A. 21228 15M 7/76

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STATE OF MARYLAND

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WITH FO	{YI	S, NO, OR UNKNOWN	(IF YES, GIVE W		as line for (a)	(b) and (c)	//	Richa	Ad W	Villiam	5	S	APPROXIMA BETWEEN ONS	TE INTERVAL
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H, WITH THE ST MARYLAND, 213		100	that I took charge	of the remaind causes	Accid		Autopsy Suicide	Homicide	CIFY)	, Inquiry L	er 🔲,	IN MY OP	3/	19/79
PAGE 4 SHOL	23a.8	EXAMINER'S NA (TYPE OR PRINT URIAL, CREMATIK)Ma:			Korell, N		ODRESS		enn Stre	et	COUN	7.4	STATE
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m 6		ECEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
nay be page 3		LONA	MAE. William	S MARCH	22/1979 1040 KM
4 mo	3. SI	X	RACE S. DATE OF BIRTH	6 AGE (IN YEARS LAST BE	IF UNDER 1 YEAR IF UNDER 24 HRS
960 950M	N .	remaker	Negro 5-12-	7/0/	YRS.
- H	70	SIRTHPLACE ISTATE OR FOREIGN	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER	MARRIED 1 3014 its	OR COUNTY OF DEATH
deo deo	10	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INS	TORCED .	MD.
os s offer ised an notifier	10	Baltimore	THOOT IN SUCH FACILITY, GINDSTREET ADDRESS POR OTHER MASS	WATER TO A CONTROL OF THE PROPERTY OF THE PROP	
d in d be st be	USU 130	JAL RESIDENCE (IF NURSING HOME OF		TITY LIMITS? 13e STREET ADDRESS	1. 12./
AND n 24 n 24 hould nould		HKYLARE	BALTIMETE YES	NO □ 3765 E	UpmentRa
withi withi detely d 2 sl	14. F	ATHER'S NAME	IS. MOTHER'	S MAIDEN NAME FIRST MIDDLE	LAST
omp lex	14	Lbert K	, Busers Grac		Thorpe,
ORE, and of a second se	160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	NED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMATION OF DATES		
BALTIMOR ote be exectivition and appers. Pages vol. t, the medic		00	11222-164184 MR	Lean W. Willia.	
- 0 600 6		18 CAUSE OF DEATH (Enter of	one couse per line for (o), (b), and (c). BY:	1 +	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertifi ertifi ng ph bonp rem	1		CAUSE (0) Caracresperatory	anse	
PRESTON he death c emave cark mation, ar		4219	DUE TO, OR AS A CONSEQUENCE OF	endiac anhythm	
e de off	3	Conditions, if any, which gave rise to immediate	(b) Kastrally 20 to Co	craine avayran	
W. W. F		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF		
201 es the plea uriol,		PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OF COL	ADITION GIVEN IN PART 1(n)
	N O	then	provie depressi	Man 3	TO THE PROPERTY OF THE PROPERT
beer mit.	18	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFO	DRMED 200. AUTOPSY	20b. IF YES, WERE FINDINGS USED
ALRE lo an. has hos hos ows	CERTIFICATION			YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
VITAL AN: The hysician fransit pr transit pr Hygien 18 sho	S S	210. ACCIDENT WAS UNDERLYING		JURY OCCURRED (ENTER NATURE OF INJ	URY IN ITEM 18, PART 1 OR PART 2]
J OF VIII	N N	OR CONTRIBUTING CAUSE OF DE.	P.M. 19		
SION O PHYSIC ending this cert he burief and Mention d or Iten	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATI	ON CITY OR TO	OWN COUNTY STATE
NVIS JG F offer of so the hon branch	2	WHILE AT WORK AT WORK			
NDI H or L USe Lead			ol) ottended the deceased from 3-2-2-	1979 10 3-22	19 79 , that (1) (we) lost
ATTEI ospito ECTOI d for f. of H m 21 i	4		view the body after death.	(our) opinion death accurred on the	date and hour and from the causes stated
OR A bolkE borked Dept.		22b. SIGNATORE	DEGREE	ATTENDING MEDICAL ST	22c. DATE SIGNED
	_	1 www		PHYSICIAN DIRECTOR PHYS	ICIAN (4) 3-23-11
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State	1	22d PHYSICIAN'S NAME (TYPE O	CLUKINS 2600	LIBERY HEIGHT	SAUE PROMHYMA
0 5 0 % MM—	23n	BURIAL, CREMATION, REMOVAL	236 DATE 23c. NAME OF CEMETERY OR	CREMATORY 234 LOCATION	colors color
/5 // BP	1	SURIAL	3-26-79 Arbutus He	merial Baltin	nore. Co. Md.
DHMH - 16 50M 7/77		LINERAL DIRECTOR	ADDRESS	250. DATE REC'D. BY REGISTRA	236. RECHETRAR'S SIGNATURE
(VR A 15 (4))	L	HICKS FUNEY	of Home, Frederick M	CA MAR 2 / 19/9	andra surrand

STATE OF MARYLAND

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-06813

717		REGISTRAR				CERTIF	ICATE OF DEAT	TH	REG. NO	, 13	-000	10	
		CEASED NAME OR PRINT)	FIRST H		Willian		AST		3-16-79	MONTH	DAY YEAR	2b. HOUR	M
	3. SEX	Female		A RACE Negro	id	S. DATE C		YEAR	6 AGE (IN YEARS LAST BIRTI	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS	_
73	CC	RTHPLACE STATE OR FO		USA	WHAT COUNTRY?	WIDOWE		CED [9 BALTIMORE CITY OF		YOFDEATH	~	AD.
		Balto.		3419	Dupont A	ADDRESS)	OR OTHER INSTITUT	ION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF			F BUSINESS O	R
13	13a S	AL RESIDENCE (IF NURS	136 COUN	other institution. ITY Borough	GIVE RESIDENCE BEFORE 13c. CITY OR TOW		138 INC DE CITY LI	N.	13e STREET ADDRESS		3		
200	14 FA	ATHER'S NAME	Will	Lams	LAST		15. MOTHER'S MA FIRST Bess	7	mpkin MIDDLE		LAS	ч	
3		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES!	166 SOCIAL SECU	RITY NO.	17 INFORMANT Lenora H	ooper	3419 Du			MATE INTERVAL ONSET AND DEATH	
	NOI	Conditions, of ony, gove rise to imm couse (o), stofin underlying cause	which nediate g the last	DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUE	PC/N		F- 6	EFT LE		G 10	Juguer	- K
2	CERTIFICATION	190 DATE OF OPERA	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	YES NO	IN CERTI	S, WERE FINDII IFYING CAUSES ES []	OF DEATH?	ľ
9	MEDICAL CE	216. ACCIDENT WAS UNIT OR CONTRIBUTING OR (IF EITHER NOTEY MEDIC 21d. INJURY OCCUR WHILE NOT WHAT WORK NOT WI AT WORK NOT WHAT WO 220.1 certify that (I) sow the decease obove, If Well (2) 22b. SIGNATURE 22d. PHYSICIAMS N	AUSE OF DEAL EXAMINER) RED HILE (this hospined oline on the did did no	TH HOUR A. P. 21e. PLACE (AT HOME, STR tol) ottended th 3 View the body	M. MONTH D, M. OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC.) 4/2	211 LOCATION STREET , 19 and that in (my) (our) DEGREE ATTEN PHYS 22e ADDRESS	Opinion d	CITY OR TOWN CITY OR TOWN To to the do MEDICAL STAF DIRECTOR PHYSIC	te and ha	, 19 9, ur and from the		ist
	23a. B	F. S. Lea BURIAL, CREMATION, SPECIFY) Burial		73b. DATE			3502 W. 1 EMETERY OR CREM ch Cem.		23d LOCATION CITYOR TOWN Lollsbrot	2121!	COUNTY Va.	STATE	=
		UNERAL DIRECTOR	y F.H		ADDRESS			MAR	REC'D. BY REGISTRAR		Frag Signal	ready	

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR	DET ARTI		ICATE OF DEATH	REG. NO.) - 0	681	4
1. [DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MON		YEAR	26 HOUR
	TITT	A	V	TT.T.TAMS	3	3 28	79	5:10R
3 5	SEX	4 RACE	5. DATE (DF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	IF UP	DER I YEAR	IF UNDER 24 HRS.
	Female	Black	4	6 1951	27	YRS.	HS DATS	HOURS MIN
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF	DEATH	
35 M	id.	U. S. A.	WIDOW		BALTIMORE	CIT	Y	MD
- 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION		26 KIND C	OF BUSINESS OR
37	BALTIMORE	Mercy Hospit	_			KING LIFE / I	4DJOSTKI	
US 13d	OUAL RESIDENCE (IF NURSING HOME CO. STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
35	Md.	Baltim		YES X NO	13 N. Amit	U		
14	FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME			
100	Richard	Willia:	ms	Marie	WIDDLE	G.	Laze	
, 160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		17 INFORMANT	ADDRESS			
1	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)		Marie Glaze	e 1029 Sar	ah Ar	nn S	t.
-	18 CAUSE OF DEATH (Enter of	inly one cause per line far (a), (b), an	die			1		ONSET AND DEATH
1	PART I. DEATH WAS CAUS	ED BY.	11.	= near Doc	vet		mult	1 1
	thing immedia			0 3=10=	7-2-			41-11-1
	2//0	DUE TO, OR AS A CONSEOU		no () 1		10.00	76	Parce
10	Conditions, if any, which	(BRain a	earn	य पर छथ	OW			13
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		0	200	2	0
	underlying couse lost.	(a) Adult	Respo	iratory dis	TRESS SYNDR	me	/ (days
Z		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN I	N PART 1	a)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200	IF YES, WI	RE FINDI	NGS USED S OF DEATH?
2	3/21/79	Drainage of P.	sendoc;	rst; cholecystecti	YES TO NOTO	YES [CAUSES	NO T
	210. ACCIDENT WAS UNDERLYING	216. TIME OF HOURY			RED (ENTER NATURE OF INJURY IN I	TEM 18, PART 1	OR PART 2)	
6.78	OR COLUMNIC CALLER OF OR			The East				
MEDICAL	214 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION		-	8.00	
X		(AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)	STREET	CITY OR TOWN		OUNTY	STATE
	AT WORK	and the description of	77-2-6	20 19.75	to March 28	10	79	45 - 10 - 60 - 21 - 1
	saw the deceased alive a	oital) attended the deceased from 1	79	nd that in (my) (our) apinion		nd hour an		that (I) (we) las
1	00010, (1) [1001 (0)01) (0)0 ()	at) view the bady after death.	,,,		dediti occorred on the date o	1001 011		
	22b. SIGNATURE	01		DEGREE ATTENDING	MEDICAL STAFF		22c. DATE	SIGNED
	120	at some		PHYSICIAN [DIRECTOR PHYSICIAN	2	3/	2-8179
	228. PHYS CIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS	1) (1)		1	
	JAMES 6	ANEY		Mercy	HOSPITA			
230	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c. I	NAME OF	EMETERY OR CREMATORY	23d. LOCATION		A IPM	64.46
	(SPECIFY) Burial	4/4/79 We	stvi	ew Mem. Pk.	Catonsvil	le.	_	Md.
24	FUNERAL DIRECTOR				E REC'D. BY REGISTRAR 256.			
Wn	NAME	/H 1101 E. No	rth	Ave. AP	R 4 1979	anifer.	y the	Breach
AYF	i. C. Huller	TI TIOT D. MO	T CH	Ave.	1010	1		

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 24. DATE KNOWN YEAR 2b. HOUR MONTH (TYPE OR PRINT) OF ESTI-ROY WILLIAMS 2419 4. RACE 6. AGE (IN YEARS SEX 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 12:544 DEAD 24 19 79 MALE BLACK 78. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Carolina BALTIMORE CITY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING LIFE! OR INDUSTRY BALTIMORE CITY JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES X NO [Maryland Baltimore 14. FATHER'S NAME AND 2 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST lliams James Hi 1 Nancy 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Lucy Magwood 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) HYPERTENSIVE & ARTERIOSCLEROTIC CARDIOVASCIII.AR DISEASE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate BURIAL-TRA cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF AND MEN lying cause last. CREMATION, C PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e, PLACE OF INJURY (ATHOME, 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE . 21201 Inspection X 228. I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my apinian death resulted fram Vatural causes Hamicide Undetermined manner DIREC TITLE (SPECIFY) ACTUAL EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA DEPUTY CHIEFDICAL EXAMINER 3/24/79 SIGNATURE EXAMINER'S NAME THOMAS D. SMITH, M.D. 111 PENN ST. BALTO., MD. TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23r NAME OF CEMETERY OR CREMATORY Baltimore, City Mã. Burial RP Mount 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH-17** ADDRESS (VR A15 ME (5)) Charles A. Rice 1300 Entaw Place 15M 7/76

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DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

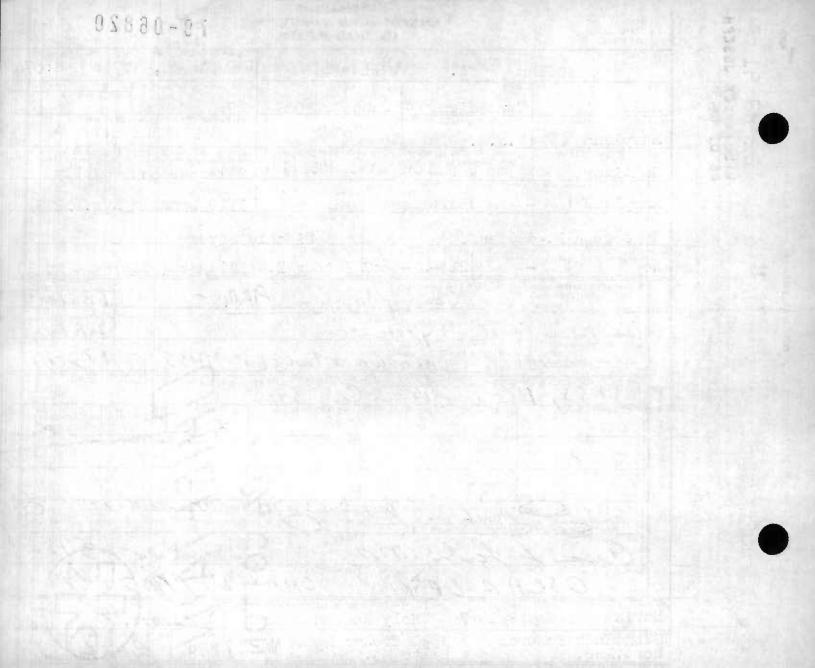
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH CERTIFICATE	AND MENTAL HYGI OF DEATH	IENE REG. NO	79-068	17
j		CEASED NAME SAYAL	WIDDLE	Willi	ams	20. DATE OF DEATH	MONTH DAY YEAR 3 79	26. HOUR 9-25 M
	3 SEX	F	RACEB	5. DATE OF BIRTH	6 1890	6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS	
AY	70. BIR	LEGINIA		WIDOWED	EVER MARRIED	BALTIM	RCOUNTY OF DEATH	7 MD
1	BA	ALTIMORE CITY	NAME OF HOSPITAL, NURSING UP NOTING SUCH FACILITY, GIVE STREET AL	ODRESS)	WY HOME	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
1		ACY LAND 134 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE A 13. CITY OR TOWN 20 LTING CE	1,74 YES [NO 🗌	130. STREET ADDRESS	TAW STEE	27
1	R	THERS NAME MIDE	BANKS	*	THER'S MAIDEN NAME OF THE STREET LEN	MIDDLE	CURSHIN	gTon
		/AS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE WA		17 NO. 17 INF	1.Th RIC	E f.o. Bo	1 120 TOPPI	ind VA
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE O	1 10 10 1	time to	leart -	Failure	Several Server	ALANS
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN	iosch	erosis		severa	l years
	TION	PART 2. OTHER SIGNIFICANT COM	ODITIONS CONTRIBILITY OF THE PROPERTY OF THE P	and	uryon.		Soveral 20b. IF YES, WERE FIND	(years
7	RTIFIC	190 DATE OF OPERATION				200. AUTOPSY? YES NO	IN CERTIFYING CAUSE	
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	Y YEAR		ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)	
	ME	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI		OCATION STREET	CITY OR TOW	AN COUNTA	STATE
		22a I certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did not) v	3 · 3 19		-	, to eet he do	3 , 19 22 ote and hour and from the	, that (I) (we) lost e causes stated
		776 SIGNATURE EL	Sworth Con	DE GREE	ATTENDING PHYSICIAN	MEDICAL STAF	F . 7	5.79
		22d. PHYSICIAN'S NAME (TYPE OR PR	orth Cook	2	431 MS		Ballo. M	d. 21218
	23a B	BURIAL CREMATION, REMOVAL	3/10/79 M7	CALVA		23d. LOCATION	· COUNT	TY STATE
1	24 EU	DOWALD E. C.	LOVER 8021	nad so.	N SUE MA	R 30 1979	HA REGISTRAR'S SIGNA	Carrie

are in 1882 or their valences 79-06817 Stay But I'M STRY WE FAN THE PROPERTY KARADAR WILLIAM SANCE STANDARD CONTRACTOR OF THE SANCE AND ENGLISH AND AND THE PART OF AN ADMINISTRATION OF THE PART OF T BOLLEY STORY OF THE STORY STORY STORY STORY STORY THE SALE BY CHARLE SO SOUTH AND SELECT THE SELECTION OF T

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STATE OF MARYLAND 79-06820 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) MARCH 26, JOSEPH A. IAMSON 3. SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR Male 909 Caucasian June TO BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY) BALTIMORE CITY Maryland U.S.A DIVORCED [CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 124 KIND OF BUSINESS OR HUBSTRY Beauty (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Supply DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 131. CITY OR TOWN 13a. STATE 13e. STREET ADDRESS Maryland Baltimore 3340 Lyndale Ave. 21213 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST LAST Joseph L.Williamson Sidonia Snyder 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 215-01-5667 Esther I.Williamson(wife) same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY NSTANT IMMEDIATE CAUSE TIMESTERSION otte Conditions, if ony, which gove rise to immediate MINKNOUN eliocogy ? IHSS stoting the other couse (o). plea 0 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) SIGNIFICANT CONDITIONS prior VOC 20g. AUTOPSY 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be NO YES [and Mental Hyg 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211, LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK march 22a.1 certify that (1) (his hospital attended the deceased from (our) pinion death accurred on the date and hour and from the causes stated and that in (ma (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT: H DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS should be with the 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Baltimore COUNTY STATE Buffal /29/79 Redeemer Cem. Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 25 Chimiliek Funeral DHMH - 16 50M 7/77 Brehms Lane (VR A 15 (4)) Home.Inc. Balto.Md. 21213



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) 5-2 WILMORE N/ IL MANUEL 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) RACE MONTH YEAR Male Black. 1900 YRS. H BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) USA Balto. Baltimore, City WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MARYLAND 21201 Balto City Hospital (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDEN 130 STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 2124 Boyd Street Balto NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE 1851 FIRST Wilmore ADDRESS ER IN U.S. ARMED FORCES BALTIMORE, 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 219 03 6286 Gloria Nicholson 510 Chatau Ave WWT Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per YES [NO F 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INTURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE [AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter deoth. DIRECT 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF Non FUNERAL should be dete with the State IMPORTANT: DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 0 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY) COUNTY STATE Balto. Md. Burial Balto. National Cem. BY REGISTRAR 25b. REC STRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Isaiah L. Brown & Son PA 1913 W. Balto. St. (VRA 15(4))

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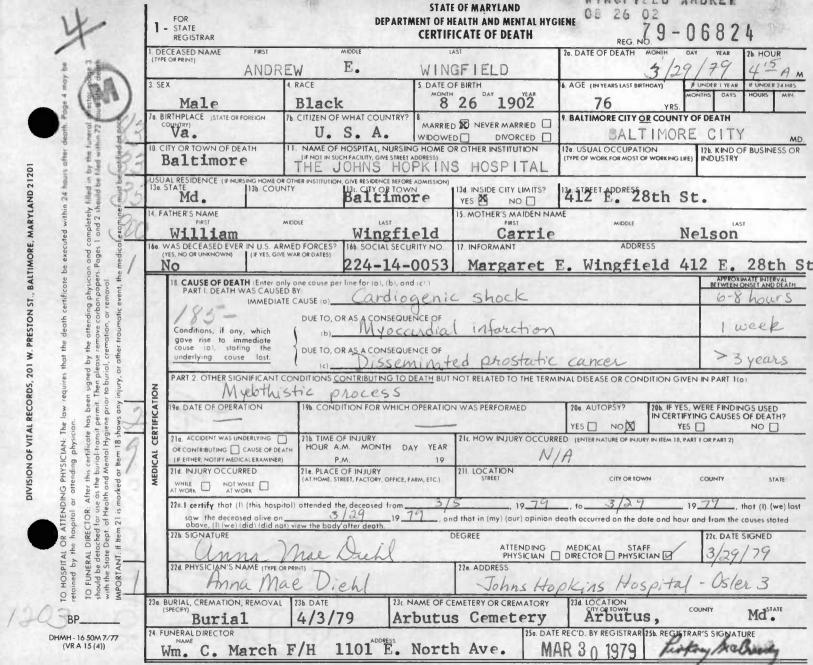
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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HY	GIENE
CERTIFICATE OF DEATH	

	1.	- STATE REGISTRAR		UEPAKIM		ICATE OF DEAT	TAL HTGI	ENE REG. N	79-	068	23
	(TYPE		eie.	MIDDLE	11	Mon		2a DATE OF DEATH	B 13	YEAR 79	26. HOUR 12/20 AM
	3. SE.	FEMALE	4. RACE CAL	e	S. DATE C	F BIRŤH	14	6. AGE (IN YEARS LAST BIR) 61		INDER I YEAR	IF UNDER 24 HRS. HOURS MIN
2	∄ø: BI C	RTHPLACE ISTATE OR FOREIGN OUNTRY) Mary Land		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARK	V	Baltimore city of Baltimore	R COUNTY O	DEATH	MD.
11	1	Ba Hemose	(IF NOT IN SUC	HOSPITAL, NURSING	DDRESS)	tospito		120 USUAL OCCUPAT LTYPE OF WORK FOR MOST OF Telephone		12b. KIND C INDUSTRY P	OF BUSINESS OR
5	Ma		ROTHER INSTITUTION NTY	134. CITY OR TOWN Baltimor	1	13d. INSIDE CITY L' YES T NO		13. STREET ADDRESS 2523 Ste	ele Roa	d	
OC		THER'S NAME John Pat					larie	C. McDônal		tas	51
1		VAS DECEASED EVER IN U.S. AF VES, NO OR UNKNOWN) (IF YES, GIV NO	E WAR OR DATES)	166 SOCIAL SECUR 202-05-15				Jean France Mill Rd. B	-	d. 21	207
	IION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b)	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	CE OF	NOT RELATED TO 1	VA -	nal disease or con	DITION GIVEN	IN PART 10	0)
1	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH C	PERATION	WAS PERFORME	D	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	
9	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M, MONTH DAY M.	YEAR		OCCURRE	D (ENTER NATURE OF INJUS	RY IN ITEM 18, PART	OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FAR	RM, ETC.)	211 LOCATION STREET		CITY OR TOV	VN 7/3	COUNTY	STATE
		22a I certify that (I) (this hasp saw the deceased alive ar above, (I) (we) (did) (did no	-2/	12 19 1	/		opinion de	oth occurred on the de	ote and hour or	d from the	
		22b. SIGNATURE	tar	mo		PHYS	DING ICIAN	MEDICAL STAI		22c, DATE	SIGNED 19
		214 PHYSICIAN'S NAME (TYPE C	Jax 1	MSTA	en	22e. ADDRESS	19/				
		olipial, crémation, removal Burial	3/15/7	9 Bal	timor	metery or crem e Nation	al	23d. LOCATION CITY OF TOWN Baltime	ore Cita	unty y. Mai	state ruland
		UNERAL DIRECTOR Lorin 128 Liberty Roa		ADDKE22			MAR	REC'D. BY REGISTRAR	256. RESISTEMAN	Y SPILL	Mody

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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9-06025 - Instru deand. Deise reind neinni Tone T. Allien Roslyn Robinson Essbyille, Tenn. The largest and the man to the largest and the Burish 3/10/79 Ming Amorial Pk. Paltimere County, Mc. was c. March 1/H 1101 E. Morth ave. Map or reconstruction of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06826 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS March 9. 3 SEX AGE (IN YEARS LAST BIRTHDAY) IF LINDED 1 VEAD IF UNDER 24 HRS 1908 March To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION FCORDS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 1416 Woodcliff Ave. 21228 Baltimore Maryland NOX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALTEN BACH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES HO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219 SAME WWI CIED APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH
DUQUEN 18 CAUSE OF DEATH Enter only one couse per line for (a) b), and c)
PART I. DEATH WAS CAUSED BY: Cardiac Arrest IMMEDIATE CAUSE (a)_ CONTA DUE TO, QR AS A CONSEQUENCE OF Hypertensive cardiovascular disease vears Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. Arterioscleretic cardiovascular disease vears PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 PUR 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? (Car NO YES T NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (I) MXXXXXXX attended the deceased from 70.00 sow the deceased alive on above. (I) XXXXXX (did act. view the body after death. January March and that in (my) (my) opinion death occurred on the date and hour and from the causes stated 776 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL M.D. PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS North Relling Road, th the Millard T. Traband. Jr Woodlawn. Md. 21207 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 24 FUNERAL DIRECTOR 250. DAJE REC'D. BY REGISTRAR 256. REGISTRAP'S SIGNATURE DHMH - 16 60M 7/73 (VR A 15 (4))

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STATE OF MARYLAND

EPARTMENT OF HEALTH AND MENTAL HYGIENE
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79-06827

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(TYPE	CEASED NAME E OR PRINT)	largaret	Jane Win	Her	3/18/7	MONTH DAY YEAR 26 HO
3 SE	x F emale	4 RACE		OF BIRTH D 26 YEAR 16	6 AGÉ (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UND MONTHS DAYS HOURS YRS.
	IRTHPLACE (STATE OR FOUNTRY) Chio	OREIGN 76 CITIZEN C	DF WHAT COUNTRY? 8 MARRI	ED NEVER MARRIED	9 BALTIMORE CITY O	city
	Balto	(IF NOT IN :	OF HOSPITAL, NURSING HOME SUCH FACILITY, GIVE STREET ADDRESS)	Mercy	12d USUAL OCCUPATION OF THE SCHOOL TE	F WORKING LIFE) INDUSTRY
Ma Ma	aryland	Baltimore	on, give residence before admission 13c. CITY OR TOWN Baynesville	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 8663 Blac	k Oak Road
	ohn	Schne	orrenberg	15 MOTHER'S MAIDEN NA Melinda	WIDDIE	Hesse
(Y	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)	? 16b SOCIAL SECURITY NO. 217-20-1743	Ann Baldyga	8663 Black	
	Conditions, if any gave rise to improve to improve to improve to improve to improve the course the course to improve the course the	, which (b), mediate and the DUE TO,	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF	ylon with m	ttastises	seruely
ICATION	gove rise to imm couse tol, statin underlying couse	DUE TO, which b), mediate 19 the lost. DIE TO, (c)_ NIFICANT CONDITIONS	Carcina of	T NOT RELATED TO THE TERA		206. IF YES, WERE FINDINGS US
CERTIF	gove rise to imicouse (D), stolit underlying couse PART 2 OTHER SIGI 19a DATE OF OPERA 21a, ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR	DUE TO, , which mediote 19 the lost. NIFICANT CONDITIONS TION 19b. CON DERLYING 21b. TIME ALEXAMINER) 21b. PLAC (41 HOUR	Concina of	T NOT RELATED TO THE TERM ON WAS PERFORMED 1216 HOW INJURY OCCUR	200 AUTOPSY? YES \(\square\) NO \(\frac{1}{2} \rightarrow\)	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO
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DHMH - 16 50M 1/76 (VR A 15 (4))

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Indication car, 21,1979 Green Mount Original marginary Mary and

Laonard . Luca, Lic. Falthere, Manyland ... Light ... Line ... Lin

9-06828 CERTIFICATE OF DEATH REGISTRAR REG N DECEASED NAME 20 DATE OF DEATH 2b, HOUR PE OR PPINT Elizabeth Myrtle Witt Stone 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR March 20 1928 White Female. 50 Je BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Kentucky BALTIMORE CITY WIDOWED DIVORCED O CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY SCHOOLS TYPE OF WORK FOR MOST OF WORKING LIFE! BALTIMORE A.A. Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13G. STATE 13b. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS Baltimore Lansdowne Maryland 411 Bigley Avenue YES T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRST MIDDLE Bud Witt Van Hoose Trene ADDRESS 4 Woodland Ave. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOPE (sister (IF YES, GIVE WAR OR DATES) 406.24.7838 Mrs.Carolyn Hayes Florence Ky 41042 APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY OR AS A CONSEQUENCE OF m Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g_AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED ŏ 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a. | certify that () (this haspital) attended the deceased from sow the deceased alive on obove. W (we) (did) warm yview the body after death and that in (N) (our) opinion death occurred on the date and hour and from the causes stated 226. SJGNATURE DEGREE 22L DATE SIGNED ATTENDING MEDICAL should be deter with the Stote IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 900 S. CATON AVE-BALTO. MD 0 23a. BURIAL, CREMATION, REMOVAL 23b. DATE FloralHillsMem. 23d. LOCATION STATE COUNTY March6,1979 Burial Gardens TaylorMill Kentan Ky 25a. DATE REC'D. BY REGISTRAR 25b. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 MAR 5 1979

Singleton Funeral Home GlenBurnie, Md

- STATE

(VRA 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Arena Charles A woodland the last

405.20.7838 Mrs. Carolyn Javes wiorence hir divid

ONO S. CATON AVE-PALTO, NO 21229

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYGI	REG. NO.	9-0682	29
		CEASED NAME FIRST MO	LLIE LOUISE	WOLFE	AST	MARCH 1,197		2b. HOUR
	3. SEX	Female	4 RACE White		of BIRTH de 10,1897		MONTHS DAYS	HOURS MIN.
5	CC	Maryland	76. CITIZEN OF WHAT COUN USA	MARRIE		Baltimore (City	MD.
0		Baltimore	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Edgewood	Nursing	Home	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Dressmaker	ING LIFE) INDUSTRY	thing
35	13a. S M;	aryland Balt			120	130 STREET ADDRESS 1016 Woods	n Rd.	
Ñ	14. FA	John Cook	MIGIOLE LAS			a Ebenhoch	LAS	T
1	16a W (Y	(AS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES)	6-0734	Louis E. Cle	68190Bler mens Baltimore	, Md. 212	12
STATISTICS.	NC	Canditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	SEQUENCE OF	NOT RELATED TO THE TERM	MAL DISEASE OR CONDITION	N GIVEN IN PART 10	0)
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDING CAUSES	
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR		ED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE ONT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	/	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	BITAL SE	22a.1 certify that (1) This hospit saw the leceased office an obover (1) (We) (did (did no 22b. SIGN ATURE	i) hew the body ofter death	19	DEGREE ATTENDING PHYSICIAN	death occurred an the date an	22c. DATE	
/		22d PHYSICIAN'S NAME (TYPE O	th Smith, M.D		1900 E. Nort	hern Pkwy. Bal	Ltimore, M	d. 21239
	(:	SURIAL, CREMATION, REMOVAL BURIAL	23b. DATE Mar. 3,1979	0akla		23d LOCATION CITYORTOWN Baltimore, F		

Balto., Md. 21212 MAR 8

DHMH-16 50M 7/77 (VR A 15 (4))

Mitchell-Wiedefeld Home, Inc.

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low etoined by the hospital ar attending physician

STATE OF MADVIAND

		FOR STATE REGISTRAR				CERTIF	HEALTH AND MENTAL HYC FICATE OF DEATH	REG. N		1-06	830
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	70 B	Female	OBSIGN	whit	WHAT COUNTRY?	Oct	24, 1900	9 BALTIMORE CITY C	YRS	OF DEATH	
32	C	OUNTRY)	OKEIGN	USA	WHAT COUNTRY:	MARRIE	D NEVER MARRIED	Baltimor	_		
4		Maryland ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN	WIDOWI	ED A DIVORCED D	12a. USUAL OCCUPAT			OF BUSINESS
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15	130	Md.	13b COUN	11Y	Baltime		YES TO NO T	13e STREET ADDRESS	and Und	mlad m. A	
	14 F/	ATHER'S NAME		^		11.6	15 MOTHER'S MAIDEN NA				
BC		John	De Ve	MIDDLE	LAST		FIRST	rv Butler		LA	.51
		WAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS	-	4.1.1
1		yes, no or unknown) No	(IF YES, GIVE	WAR OR DATES)	214 168	8471	Robert Gaith	er Wood	Same		
		18 CAUSE OF DEAT					1100010 0010	CI WOOD	Dame	BETWEEN	ONSET AND DEAT
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page 3	(ITPE	DO RET	HA	WOODFORD		3 28'79 6.20P,
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TEN TOR Par o		saw the deceased alive on	3 - 25 10	- G	death occurred on the da	te and hour and from the causes stated
OR AI DIREC Sched Dept		77h MGNATURE	t) view the body after death.	DEGREE		22c. DATE SIGNED
AL O the O tetac te D T: If I		i lot is you	tman 1	ATTENDING PHYSICIAN	MEDICAL STAF	
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11	23o. 8	URIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY A DISTATE
// BP	24 FI	INERAL DIRECTOR	11-1-17	THE TYLES MANIETY	TE RECO BY REGISTRAD	25b. REGISTRAR'S SIGNATURE
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Burini 3/27/79 Moodlaws Genet my Baltimore County, Md. Wm. C. Morels F/H 1101 F. North Ave. PMAR & 7 1979 F. Ave. Ave.

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18.	CAUSE OF	DEATH (Enter or ATH WAS CAUSE	D BY:					on	A quad	8 8				APPRO SETWEEN	OXIMATE I	INTERVAL AND DEATH
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR OF DEATH DECEASED NAME 76 HOUR (TYPE OR PRINT) AGE. 3 SEX 4 RACE 5 DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTH DAYS -1900 70. BIRTHPLACE STATE OR FOREIGN BALTIMORE, CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IE NURSING HOME OR OTHER INSTITUTION GIVE B 136 COUNTY 13d INSIDE CITY LIMITS? YES 50 MER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES PI 66 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line fax (a), (b) PART I. DEATH WAS CAUSED BY IVEV IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION p 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [Mental Hygie sho cate 21b. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 0 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from __, that (1) (we) last saw the deceased alive an above, (1) (we) (did) (did not) view the bady ofter death. _, and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated DIREC SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL Should be detained the State [MD PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL COUNTY BP WNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4))

requires that the death certificate be executed within 24 hours after death. Page

,	1.	FOR Items 18b STATE Film#531 REGISTRAR	. & 18c. 5-31-7	DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE	REG. N	. 70	0.0	0.0
		CEASED NAME FIRST		MIOOLE	YIN	GLINGS	20. 0	DATE OF DEATH	3-3	1-79	3.2
	3. SE	X FEMALE	4 RACE	re	S DATE C	DAY YEAR	6 A	GE (IN YEARS LAST BIR	^	IF UNDER I YEAR	IF UNDE
t ance.	C	IRTHPLACE (STATE OR FOREIGN OUNTRY) ALTIMORE, MD.	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED		ALTIMORE CITY O	RCOUNTY	OF DEATH	TV.
opitied 3/	10 CITY OR TOWN OF DEATH BALTIMORE 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD BALTIMORE CIT			ADDRESS)	OR OTHER INSTITUTION 126 USUAL OCCUPATION 126. KIND OF BU				OF BUSIN		
r must be	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR 130. STATE 13c. CITY OR TOV BALTIMO			E ADMISSION)	13d INSIDE CITY LIMITS? YES NO 0 416 S. NEWKII			EWKIRK			
exomine		WILLIAM H.	PEREGOY	LAST		15. MOTHER'S MAIDEN	NAME	WIOOFE	IEGENH	LA	
medical	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY SOCIAL SECURIT					ROBERT D.	YING	ADDR 83 LING : BA	S BEL	AIR RD 21236	MD
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n 21 is morked		220.1 certify that (1) this haspital) attended the deceased from									
ZI: #		226. SIGNATURE	Sacultal M. N.			ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN				22c. DATE	3/1
IMPORTANT	26	J. A. SANCHAK Back. City Hays 49408 a.									ane
-		BURIAL, CREMATION, REMO	23b. DATE 4-3-7	79 S.	ACRED	HEART CEME	TERY	7401 GERI			
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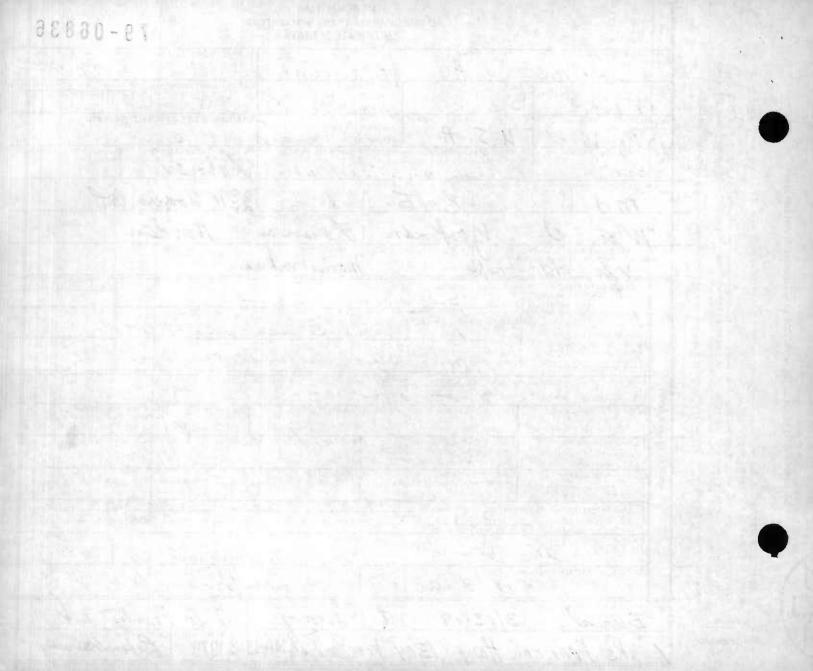
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BP. DHMH-16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

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ALT te b icio il.		18 CAUSE OF DEATH Enter or	one couse per line for (o), (b), and (c)	J		BETWEEN ONSES AND DEATH
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DIVISION OF VITAL RING PHYSICIAN: The krather this certificate hos os the buriol-tronsit per th and Mental Hygiene orked or item 18 shows	CER	21a. ACCIDENT WAS UNDERLYING		OW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)
ON OF 19 SICIAL ding physicial sister the buriol-tr Mentol I or Item 1	A	OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DAY YEAR			
HYS nding his co bur & bur or It	MEDICAL	21d. INJURY OCCURRED	216 PLACE OF INJURY 21f LOG	CATION	CITY OR TOWN	COUNTY STATE
DIVISION PHING PHI	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, OFFICE, PARM, ETC.)			STATE
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ATTEN ospital ECTOR: d for us it. of He m 21 is		sow the deceosed olive on obove, (1) (we) (did) (did no	view the body ofter death.	n (my) (our) opinion death	occurred on the date and hou	ond from the couses stated
OR ATTEN OR ATTEN The hospital DIRECTOR Soched for u Dept. of He		22b. SIGNATURE	DEGREE .			22c. DATE SIGNED
TAL OR A y the hos RAL DIREC detoched rote Dept.		H. al	- On Mid	ATTENDING ME	EDICAL STAFF RECTOR PHYSICIAN	3/8/79
HOSPIT Sined b FUNE Sould be PORTAN		72d. PHYSICIAN'S NAME (TYPE O	Midane MD 270 AD	Leur	Horan H	057
0 of 0 d 3 X		URIAL, CREMATION, REMOVAL	236. DATE 231. NAME OF CEMETERY	Y OR CREMATORY 23	Bd. LOCATION CHRONTOWN	COUNTY 7 / STATE
1/2°BP	L'	Birnal	3/13/79 m. (a)	crary	a. U. Corone	y New
DHMH - 16 50M 7/77 (VR A 15 (4))	24. FU	INERAL DIRECTOR	AL HomE ADDASSOU M. Ca	MAR 1	2 1979	RAR'S SIONATURE



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injury, or other troumatic event, th

MPORTANT: If Hem 21 is marked or Hem 18 shews ony

should be detoched for use as the with the State Dept. of Health and TO FUNERAL DIRECTOR: After

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	7 9	9 - 06	837
T	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	L	AST		MONTH DA	AY YEAR	26 HOUR
L	ALICE	J.	YOUN	/ octains octa		-	979	2:16 A _M
1	3 SEX	4. RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTI		ONTHS DAYS	FUNDER 24 HRS HOURS MIN
L	Female	Black	4	5 1900	78	YRS		
Ä	COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE!	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	100
1	S. C.	U. S. A.	WIDOWE		BALTIMORE C			MD.
1	BALTIMORE	11. NAME OF HOSPITAL, NURSIN [IF NOT IN SUCH FACILITY, GIVE STREET MADVIAND CENTEDA	ADDRESS)		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF			F BUSINESS OR
+	USUAL RESIDENCE HE NURSING HOME OF	MARYLAND GENERAL OTHER INSTITUTION, GIVE RESIDENCE BEFORE		LIAL				
	Md.	Baltime		YES NO	13e STREET ADDRESS 1638 Bal	mor (ct.	
1		MIDDLE LAST		15 MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAS	.1
4	Charles	<u>Campbell</u>		Lizzie	ADDRE		Camph	e11
1	160 WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b SOCIAL SECU	JRITY NO.	Edward W.			lmor (Ct.
14	PART I. DEATH WAS CAUSED	ly ane cause per line far (a), (b), on D BY E CAUSE (o), RESPIRATO DUE TO, OR AS A CONSEOUR (b), BILATERAL DUE TO, OR AS A CONSEOUR	RY FAI				FOUR	DAYS
-	PART 2 OTHER SIGNIFICANT C 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO 1			VAL DISEASE OR CONE 200 AUTOPSY? YES NO [X]	20b IF YES,	WERE FINDING CAUSES	NGS USED
,	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA! OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINER) 710. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	71b TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	19	21c. HOW INJURY OCCURRE 211 LOCATION STREET		Y IN ITEM 18, PAR		STATE
	220.1 certify that (1) (this hospit saw the deceased alive on abave/A) (we) (did) (did has 27b. SIGNATURE	eciling o 117	9, an	7 , 199 Ind that in (Ay) (our) opinion di DEGREE MO ATTENDING PHYSICIAN 770 ADDRESS C/O MARYLAND	MEDICAL STAF	FIANT	22c DATE	
-	730. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			emetery or crematory Memorial Pk.	Baltimo	re Ca	ounty	Md TE

DHMH - 16 60M 1/75 (VRA 15 (4))

74 FUNERAL DIRECTOR
WM. C. March F/H

1101 E. North Ave.

250. DATE REC'D. BY REGISTRAR 256. RESISTAR'S STAR'S STAR'

79-06937 exert and and reservice (Congress). Only to the angle of the second Female Black 4 1 1900 78 S. C. U. S. A. Ed. | Baltimore x | L638 Balmor Of. | Charles Campbell Marke Campbell Edward W. Young 1638 Balmor Ct. Burisl 3/14/79 King Memobilel Fit. Baltimore County, Md. am. C. Verch F/H-110t E. Worth Ave. "Wilk 1-1978 T. Worth S.

DHMH - 16 50M 1/76 (VR A 15 (4))

1101 E. North Avenue

Wm C March F/H

STATE OF MARYLAND

COUNTY

22c. DATE SIGNED

76 HOUR

17h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

IF UNDER I YEAR

36830-01

STATE OF MARYLAND

Baltimore WINDLAR RESIDENCE (PRINCENDA OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 ACCIDENT AND SUBFRACTION 120 ACCIDENT AND SUBFRACTION AND SUBFRACTION 120 ACCIDENT AND SUBFRACTION AND SUBFRACTION 120 ACCIDENT AND SUBFRACTION 120 ACCIDENT AND SUBFRACTION 120 ACCIDENT AND SUBFRACTION AND SUBF	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO		-06	839
3 SEC March 18 AGE March 28 1979 7:20 A March	CEASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
Male White Feb. 23, 1905 74 ys		G.	ZE	CH	March	28	1979	7:20A M
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Maryland U.S.A.		76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OF DEATH	
Baltimore Baltimore		U.S.A.			Baltimor	e Cit	y	MD
Baltimore Maryland General Hospital Buyer Tuerkes ### ### ### ### ### ### ### ### ### #	TY OR TOWN OF DEATH			OR OTHER INSTITUTION				OF BUSINESS OR
13s STARE 13b COUNTY 13d INSIDECITY LIMITS? 13e STREET ADDRESS 3031 Woodring Ave.	altimore			spital		TO ARTHO ERE		kes
Maryland Baltimore YESX NO 3031 Woodring Ave.				134 INSIDECITY HAITS?	134 STREET ADDRESS			
Theodore Theodo	_					lring	Ave.	
Theodore The was decased even u.s. armed forces? 16b Social Security no 17. Informant Address 21234				15 MOTHER'S MAIDEN NAM	ΛE			
186	,,			Catherine		ike i		
No 216-01-8683A Catherine M. Zech, 3031 Woodring A APPROXIMATE INTERVAL METURE OF	AS DECEASED EVER IN U.S. AR		URITY NO.					
APPROXIMATE INTERVAL BTIMEEN ONSEL AND PEAT			86832	Catherine	M. Zech.	3031		
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	226 SIGNATURE	aview file bady after death.						
	(Muero	& Store 1	he.D.	ATTENDING PHYSICIAN	MEDICAL STAF		3-28	-79
/ 224 DATE LIAN'S NAME (TYPE OR PRINT) 22e ADDRESS		R PRINT)					15 20	
James R. Stone, M.D. c/o Maryland General Hospital	Tamor D Ct	ano M.D.		c/o Maruland	Coneral Wo	anita	7	
230 BURIAL CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION	URIAL CREMATION, REMOVAL		NAME OF C		23d. LOCATION			
(SPECIFY) CITY OR TOWN COUNTY STATE	SPECIFY)				CITY OR TOWN		_	
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(SPECIFY)	Bu:	rial RTECCOR ALTE	rial Mar.31,1979 G	rial Mar.31,1979 Garder	rial Mar.31,1979 Gardens of Faith	rial Mar.31,1979 Gardens of Faith Overlea,	rial Mar.31,1979 Gardens of Faith Overlea, Ba	rial Mar.31,1979 Gardens of Faith Overlea, Balto.

DHMH - 16 60M 1/75 (VR A 15 (4))

IMPORTANT: If Item 21 is marked at Item 18 shaws ony injury, or ather traum

			STA	TE OF MARYLAND			
1 -7	1 -	FOR STATE		HEALTH AND MENTAL HYG	IENE	70 0	0011
		REGISTRAR		IFICATE OF DEATH	REG. NO	. 19-0	6841
. ng		EASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	2b. HOUR
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moy	3. SE)		A RACE 5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS	
9e 4		FEMALE	WHITE	1 13 48	30	YRS.	NOURS MIN
g 30		RTHPLACE (STATE OR FOREIGN	LE CITIZEN OF WHAT COUNTRY?	IED NEVER MARRIED	BALTIMORE CITY O	COUNTY OF DEATH	
9 4 8	/	JA:	USA WIDON		BALTIMOR	E CITY	
0 0 2 /2 //	10 CI	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 	OR OTHER INSTITUTION	128. USUAL OCCUPATION OF WORK FOR MOST OF		OF BUSINESS
		SALTIMORE	JOHNS HOPKINS HO	SPITAL	PROCESSING		K COM
d in be f	USU/	L RESIDENCE (IF NURSING HOME OR TATE 136, COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TY \$136. CITY OR TOWN	N) 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
22 all 9 cm		MD. CA	RRULL WESTMISTE			RTERSM	144 F
etely 12 sh	14. FA	THER'S NAME	IDOLE LAST	15 MOTHER'S MAIDEN NAM	AE MIDDLE		157
ond in plet		LESTER	A. ZEIGL.			BOLLI	NGE
and con oges 1 c	16e V	AS DECEASED EVER IN U.S. AR	MED FORCES? IN SOCIAL SECURITY NO	17 INFORMANT	21157 ADDRE	SS MILLRD.	WESTMA
e c a E	, i	ES, NO OR UNKNOWN) (IF YES, GIVE	215-50-7329	MRS, LESTE		GLER 45.	24 AR
sicro pers of the		18 CAUSE OF DEATH (Enter on	y one cause per line for (a), (b), and (c),				XIMATE INTERVAL
physici onpoper emoval event, th		PART I. DEATH WAS CAUSE	CAUSE (0) KESPIRATORY	ARREST			
		1830	DUE TO OR AS A CONSEQUENCE OF				
		Conditions, if any, which	METASTATIC CO	CAR CAL ADENCE	CARGNOMA OF	CVARY	
the dec		gove rise to immediate cause (a), stoting the	DUE TO, OR AS A CONSEQUENCE OF				
that the I by the obserer ol, crem		underlying cause last.	(IS)				
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양 한 양 한	0 N	VENOUS TI	HROMBOSIS				
beer mit prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
on o	TIE				YES NO	YES [NO [
Z & Sof m	CE	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR AM. MONTH DAY YEA	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
		OR CONTRIBUTING CAUSE OF DEA					
Charles and Charle	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	1 P.M. 19				
HYSICIA nding p his certif buriol- d Mento or frem	EDICAL	21d. INJURY OCCURRED	218 PLACE OF INJURY	21f LOCATION	CITY OR TOW	N COUNTY	STATE
d d d d d	MEDICAL				CITY OR TOW	n county	STATE
or attento se os the l morked o	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) ol) ottended the deceosed from	21f LOCATION	city or tow	N COUNTY	
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ATTENDING PROSPING OF OHER PRECTOR. After the hed for use as the left of Health and tem 21 is marked at	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspit	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) a) ottended the deceosed from	21f LOCATION STREET		. 19 <u>79</u> te and hour and from the	. that (I) (we) lo
ATENDING PR hospital or attention JRECTOR. After the ched for use as the I Dept of Meditor of them 21 is morked of	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this haspil sow the deceased alive on above, (1) (we) shill id did not	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) a) ottended the deceosed from	21f LOCATION STREET 19 79 and that in (my) (aur) opinion of DEGREE ATTENDING		19_79 te and hour and from the	. that (I) (we) lo
ATTENDING PRING PRING OF CONTROL	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this haspil sow the deceased alive on above, (1) (we) shill id did not	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) DI) oftended the deceosed from 3/20 19/29 View the bady after death.	21f LOCATION STREET D/8 19 79 and that in (my) (aur) opinion (to 3/20	19_79 te and hour and from the	. that (I) (we) lo
ATTENDING PRING PRING OF CONTROL	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE 21 WORK 220.1 certify that (1) (this haspit sow the deceased alive on above, (1) (we) (did) (did not be above)	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) DI) offended the deceosed from 3/20 19 79 View the body after death.	21f LOCATION STREET D/8' 19 79 and that in (my) (our) opinion of the control of	death occurred on the do	19_79 te and hour and from the	. that (I) (we) lo
O HOSPITAL CATENDING PRINGED BY the hospital or after the hould be detached for use os the with the State Dept of Health or MPRTANT: If them 21 is morked of		21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22e. I certify that (1) (this haspit sow the deceased alive an above, (1) (we) (shid) (did not above, (1) (we) (shid))	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21 office of the deceosed from 19 79 View the body after death. PRINT:	21f LOCATION STREET 19 29 ond that in (my) (aur) opinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS JOHNS HOPK	medical star Director Physic	19_79 te and hour and from the	thot (I) (we) Ic e couses stated E SIGNED 0/79
O HOSPITAL C. ATTENDING PRINCIPLE AND THE PROPERTY OF FUNERAL DIRECTOR. After the hould be detached for use as the with the State Dept of Health and MPORTANT: If them 21 is marked of MACRIANT: If them 21 is marked of MACRIANT.	230. 8	21d. INJURY OCCURRED WHILE NOT WHILE 21 WORK 220.1 certify that (1) (this haspit sow the deceased alive on above, (1) (we) (did) (did not see that the see that	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21 office of the deceosed from 19 79 View the body after death. PRINT:	211 LOCATION STREET 19 29 ond that in (my) (our) opinion of the control of the c	death occurred on the do	19_79 te and hour and from the 3/2 AL, BAL7 DIF/ COUNTY	. that (I) (we) lo

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-06841 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN X 2b. HOUR (TYPE OR PRINT) OF ESTI-1079 MARK Gerald ZELLER Sr. 3 3:30 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH . SEX DATE LAST BIRTHDAY PRONOUNCED 1.79 6 22 14 64 YRS DEAD aM male white 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY)
Marvland USA DIVORCED [Baltimore City WIDOWED O CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore Baltimore City Hospital Beth.Steel Fireman USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13d INSIDE CITY LIMITS? 13. STREET ADDRESS 4400 Ridge Road 13a STATE 13c. CITY OR TOWN Maryland Baltimore Fullerton YES [NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST MIDDLE FIRST Mark Zeller Marv Elizabeth Comes Joseph MAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS DIVISION 4400 Ridge Road No Ethel C. Zeller 218-01-0375 APPROXIMATE INTERVAL DICAL EXAMINER ALONG WA BURIAL-TRANSIT PERMIT. PA AND MENTAL HYGIENE, DINTON, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. E USED AS A BUR
OF HEALTH AND
IAL, CREMATION, C PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Inc. CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? ORWARDED TO THE CH R: PAGE 3 SHOULD BE U E STATE DEPARTMENT OI 21201 PRIOR TO BURIAL, TO BURIAL, YES X NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TO OR MEDICAL Passenger in truck-train collision. CONTRIBUTING CAUSE OF DEATH 1:35 MX 3-2-19 79 21e PLACE OF INJURY (AT HOME. III. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY WHILE AT WORK Pentwood Rd. & Balto. Md. road CTOR: 22a. I certify that I taak charge of the remains described above, held an Autapsy 4 Inspection Inquiry and in my apinian Accident X Hamicide L death resulted fram: Natural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE. Assistant 3-2-79 FUNERAL I EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. TYPE OR PRINT! 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 736. DATE Baltimore Md. Fullerton 3/6/79 Burial St. Joseph's Cem. BP THE HEGISTRARY SIGNIATURE 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH-17** extry Malresolis 7401 Belair RoadMAR (VR A15 ME (5)) Lassahn Funeral Home 15M 7/76

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